

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004774

FILED
May 25, 2004
Secretary of State

Entity Name: GARFIELD A. MUNROE, M.D., P.L.

Current Principal Place of Business:

9009 PINES BLVD
PEMBROKES PINES, FL 33024

New Principal Place of Business:

9009 PINES BLVD
PEMBROKES PINES, FL 330246440 US

Current Mailing Address:

9009 PINES BLVD
PEMBROKES PINES, FL 33024

New Mailing Address:

9009 PINES BLVD
PEMBROKES PINES, FL 330246440 US

FEI Number: 65-1000104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JUMPING JAX TAX, INC.
1940 HARRISON ST. STE 201B
HOLLYWOOD, FL 330205072 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MUNROE, GARFIELD A M.D.
Address: 9009 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MUNROE, GARFIELD A M.D.
Address: 9009 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 330246440 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GARFIELD A MUNROE

MGRM

05/25/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date