

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009702

FILED
Jul 12, 2004
Secretary of State

Entity Name: CROUCH & DUNN, M.D., PLC

Current Principal Place of Business:

155 SOUTH HALIFAX AVENUE
DAYTONA BEACH, FL 32118

New Principal Place of Business:

Current Mailing Address:

155 SOUTH HALIFAX AVENUE
DAYTONA BEACH, FL 32118

New Mailing Address:

FEI Number: 59-3661800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROUCH, EUGENE M M.D.
155 SOUTH HALIFAX AVENUE
DAYTONA BEACH, FL 32118 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: MGR () Delete
Name: DUNN, LUCKEY
Address: 155 SOUTH HALIFAX AVENUE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: MGRM () Delete
Name: CROUCH, EUGENE
Address: 155 SOUTH HALIFAX AVENUE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: MGR () Delete
Name: SWAIN, SUSIE
Address: 155 SOUTH HALIFAX AVENUE
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SUSIE SWAIN

MGR

07/12/2004

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