

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90001 018 ****50.00

24065326



DOCUMENT # L00000009905 1. Entity Name BKRY SERVICES OF PALM BEACH COUNTY, LLC			
Principal Place of Business 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		Mailing Address 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Navigant Consulting Two North Charles Street Suite 400 Baltimore, Maryland 21201	
City & State		4. FEI Number 56-2218716	
Zip		Country	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		04292004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ANDERSON, JOANN W 2828 CROASDALE DRIVE DURHAM, NC 27705 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CRO Charles R. Goldstein Navigant Consulting Two North Charles Street -Suite 400 Baltimore, Maryland 21201 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CPS\ PHYAMERICA PHYSICIAN SER. INC 2828 CROAS DAIL DRIVE DURHAM, NC 27705 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: **Charles R. Goldstein, Chief Restructuring Officer, 4/30/04 410-454-6830**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #