


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90346 013 \*\*\*\*\*50.00

<b>DOCUMENT # L00000010608</b> 1. Entity Name <b>MAGNOLIA MEDICAL CLINIC FACILITIES, L.L.C.</b>					
Principal Place of Business <b>131 MAGNOLIA AVENUE, S.E. FT. WALTON BEACH, FL 32548</b>			Mailing Address <b>131 MAGNOLIA AVENUE, S.E. FT. WALTON BEACH, FL 32548</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-6144778</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BUCKELEW, B.A. M.D. 131 MAGNOLIA AVENUE, S.E. FT. WALTON BEACH, FL 32548</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>RUSSELL, A. BARNARD M.D. 131 MAGNOLIA AVENUE, S.E. FT. WALTON BEACH, FL 32548</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>SITES, JOHN D M.D. 131 MAGNOLIA AVENUE, S.E. FT. WALTON BEACH, FL 32548</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>BUCKELEW, B.A. M.D. 131 MAGNOLIA AVENUE, S.E. FT. WALTON BEACH, FL 32548</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <b>SENECHAL, PETER K M.D. 131 MAGNOLIA AVENUE, S.E. FT. WALTON BEACH, FL 32548</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> <i>A.B. Russell, MD</i> <b>4/5/04</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					