

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000010608

1. Entity Name
MAGNOLIA MEDICAL CLINIC FACILITIES, L.L.C.



Principal Place of Business
131 MAGNOLIA AVENUE, S.E.
FT. WALTON BEACH, FL 32548

Mailing Address
131 MAGNOLIA AVENUE, S.E.
FT. WALTON BEACH, FL 32548



03072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-6144778

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUCKELEW, B.A. M.D.
131 MAGNOLIA AVENUE, S.E.
FT. WALTON BEACH, FL 32548

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RUSSELL, A. BARNARD M.D.
131 MAGNOLIA AVENUE, S.E.
FT. WALTON BEACH, FL 32548

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SITES, JOHN D M.D.
131 MAGNOLIA AVENUE, S.E.
FT. WALTON BEACH, FL 32548

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BUCKELEW, B.A. M.D.
131 MAGNOLIA AVENUE, S.E.
FT. WALTON BEACH, FL 32548

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SENECHAL, PETER K M.D.
131 MAGNOLIA AVENUE, S.E.
FT. WALTON BEACH, FL 32548

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000291592
04/07/05-80037-019 50.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

B.A. Buckelew, MD

4/4/2005

(950) 243-7681