

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000015146**

1. Entity Name  
IMHOTEP HEALTH AND VIDEO COMPLEX, LLC



Principal Place of Business  
2048 CENTRE POINTE LANE  
TALLAHASSEE, FL 32308

Mailing Address  
2048 CENTRE POINTE LANE  
TALLAHASSEE, FL 32308

**DO NOT WRITE IN THIS SPACE**



01082004No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
59-3693370

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HIGHTOWER, ROBERT S  
241 EAST VIRGINIA STREET  
TALLAHASSEE, FL 32301

**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, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
WEBSTER, JOSEPH L SR, MD  
2048 CENTRE POINTE LANE  
TALLAHASSEE, FL 32308

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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4000000024534  
02/02/04-80071-001 50.00

**DO NOT WRITE  
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)(b), 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

Date

Daytime Phone #