


**2005 LIMITED LIABILITY COMPANY-
ANNUAL REPORT**

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000015146 1. Entity Name IMHOTEP HEALTH AND VIDEO COMPLEX, LLC	
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Principal Place of Business 2048 CENTRE POINTE LANE TALLAHASSEE, FL 32308	Mailing Address 2048 CENTRE POINTE LANE TALLAHASSEE, FL 32308
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02012005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3693370	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEBSTER, JOSEPH L SR, MD 2048 CENTRE POINTE LANE TALLAHASSEE, FL 32308
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**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)(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

Date

Daytime Phone #