

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015382

FILED
Jan 07, 2004
Secretary of State

Entity Name: CORNERSTONE MEDICAL CARE OF BRANDON, P.L.

Current Principal Place of Business:

500 VONDERBERG DRIVE
EAST TOWER, SUITES 101-102
BRANDON, FL 33511 US

New Principal Place of Business:

Current Mailing Address:

500 VONDERBERG DRIVE
EAST TOWER, SUITE 102
BRANDON, FL 33511 US

New Mailing Address:

FEI Number: 59-3689019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZUMPANO, ANTONIO V
500 VONDERBERG DR, STE 102
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ZUMPANO, ANTONIO V MGRM
Address: 500 VONDERBERG DRIVE #102
City-St-Zip: BRANDON, FL 33511 US

Title: MGRM () Delete
Name: ENRIQUEZ, JULIO A MGRM
Address: 500 VONDERBERG DRIVE #102
City-St-Zip: BRANDON, FL 33511 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ZUMPANO, ANTONIO V P
Address: 500 VONDERBERG DRIVE #102
City-St-Zip: BRANDON, FL 33511 US

Title: MGRM (X) Change () Addition
Name: ENRIQUEZ, JULIO A S/T
Address: 500 VONDERBERG DRIVE #102
City-St-Zip: BRANDON, FL 33511 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ANTONIO V ZUMPANO MD

MGRM

01/07/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date