


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000016061
 1. Entity Name
 JOHN G. SHEDD, M.D., FACEP, PLC



Principal Place of Business 9128 NW HWY 225A OCALA, FL 34482 US	Mailing Address 9128 NW HWY 225A OCALA, FL 34482 US
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DO NOT WRITE IN THIS SPACE



04142004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3688034	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

SHEDD, JOHN G MD
 9128 NW HWY 225A
 OCALA, FL 34482

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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, 2004

U000000122338
 04/21/04-80025-002 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SHEDD, JOHN G 9128 NW HWY 225A OCALA, FL 34482
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *John G. Shedd* 4/14/04 352-369-5909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #