

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016061

FILED
Apr 04, 2005
Secretary of State

Entity Name: JOHN G. SHEDD, M.D., FACEP, PLC

Current Principal Place of Business:

9128 NW HWY 225A
OCALA, FL 34482 US

New Principal Place of Business:

Current Mailing Address:

9128 NW HWY 225A
OCALA, FL 34482 US

New Mailing Address:

FEI Number: 59-3688034 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEDD, JOHN G MD
9128 NW HWY 225A
OCALA, FL 34482 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: P () Delete
Name: SHEDD, JOHN G
Address: 9128 NW HWY 225A
City-St-Zip: Ocala, FL 34482

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SHEDD, JOHN G
Address: 9128 NW HWY 225A
City-St-Zip: Ocala, FL 34482

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: JOHN G. SHEDD

MGR

04/04/2005

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