

07-25-2003 90065 025 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000018061

1. Entity Name
JOHN G. SNEDD, M.D., FACEP, PLC

Principal Place of Business
 4525 N.W. 82ND COURT
 OCALA, FL 34482

Mailing Address
 4525 N.W. 82ND COURT
 OCALA, FL 34482

2. Principal Place of Business
 9128 NW Hwy 225A
 State, Apt. #, etc.

3. Mailing Address
 9128 NW Hwy 225A
 State, Apt. #, etc.

City & State
 Ocala, FL

City & State
 Ocala, FL

4. FEI Number
 59-3888034

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 SNEDD, JOHN G MD
 4525 N.W. 82ND COURT
 OCALA, FL 34482

7. Name and Address of New Registered Agent
 Name: Snedd John G. MD
 Street Address (P.O. Box Number is Not Acceptable):
9128 NW Hwy 225A
 City: Ocala FL 34482

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: John G. Snedd MD DATE: 7/30/03

9. MANAGING MEMBERS/MANAGERS

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
President	SNEDD, JOHN G	President	Snedd John G
STREET ADDRESS	4525 NW 82ND COURT	STREET ADDRESS	9128 NW Hwy 225A
CITY-STATE-ZIP	OCALA, FL 34482	CITY-STATE-ZIP	Ocala, FL 34482
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP
TITLE	NAME	TITLE	NAME
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TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP	CITY-STATE-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(2), 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 806, Florida Statutes.

SIGNATURE: John G. Snedd MD DATE: 7/30/03

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CHECK HERE IF MAKING CHANGES

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