

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

<b>DOCUMENT # L00000018061</b> 1. Entity Name <b>JOHN G. SNEDD, M.D., FACEP, PLC</b>		
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 City & State: <b>Ocala, FL</b> Zip: <b>34482</b>		3. Mailing Address City & State: <b>Ocala, FL</b> Zip: <b>34482</b>
4. FEI Number <b>59-3888034</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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: <b>Shedd John G. MD</b> Street Address (P.O. Box Number is Not Acceptable): <b>9128 NW Hwy 225A</b> City: <b>Ocala</b> FL Zip: <b>34482</b>		
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: <i>John G. Snedd MD</i> DATE: <b>7/30/03</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE: <b>President</b> <input type="checkbox"/> Delete NAME: <b>SNEDD, JOHN G</b> STREET ADDRESS: <b>4525 NW 82ND COURT</b> CITY-STATE-ZIP: <b>OCALA, FL 34482</b>	10. ADDITIONS/CHANGES TITLE: <b>President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>Shedd John G.</b> STREET ADDRESS: <b>9128 NW Hwy 225A</b> CITY-STATE-ZIP: <b>Ocala, FL 34482</b>	
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	
TITLE: <input type="checkbox"/> Delete NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: _____ STREET ADDRESS: _____ 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: <i>John G. Snedd MD</i> DATE: <b>7/30/03</b>		

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CHECK HERE IF MAKING CHANGES

CORP/2003 (10/03)