

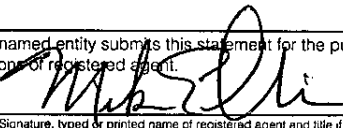
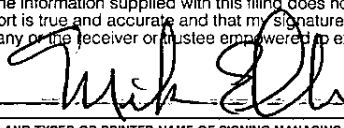


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90068 012 *****50.00

DOCUMENT # L01000000441 1. Entity Name DOCTORS FOR KIDS, LLC			
Principal Place of Business 3487 BROADWAY FT. MYERS, FL 33901		Mailing Address 3487 BROADWAY FT. MYERS, FL 33901	
2. Principal Place of Business 9981 S. Healthpark Dr Suite, Apt. #, etc. 456 City & State Ft. Myers, FL Zip 33908 Country Lcc		3. Mailing Address 9981 S. Healthpark Dr. Suite, Apt. #, etc. 456 City & State Ft. Myers, FL Zip 33908 Country Lcc	
01072004 Chg-LLC CR2E083 (10/03)			
4. FEI Number 65-1071200		<input type="checkbox"/> 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 ELLIS, MIKE 3487 BROADWAY FT. MYERS, FL 33901	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 9981 S. Healthpark Dr. Ste 456 City Ft. Myers FL Zip Code 33908		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  MIKE ELLIS 1/15/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MIKE, ELLIS 3487 BROADWAY FORT MYERS, FL 33901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	9981 S. Healthpark Dr. Ste. 456 Ft. Myers, FL 33908	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
11. I hereby certify that the information supplied with this filing does not qualify 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 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:  MIKE ELLIS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 1/15/04 Daytime Phone # 239-939-5979	