2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 16, 2004 8:00 am Secretary of State DOCUMENT # L01000004046 1. Entity Name 02-16-2004 90161 037 ****50 00 VENICE CENTER MEDICAL DEVELOPMENT, L.L.C. Principal Place of Business Mailing Address 722 SHAMROCK BLVD VENICE FL 34236 722 SHAMROCK BLVD VENICE FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. CR2E083 (11/03) City & State City & State 4. FEI Number Applied For 65-1097893 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SEIDER, WILLIAM M Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVE. SARASOTA FL 34236 Zip Code 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE Delete TITLE ☐ Addition Change Change CONNELLY, JAMES A. 722 ShamRock Blus. NAME JOBECA'S DEVELOPMENT VILLO NAME STREET ADDRESS 722 SHAMROCK BLVD STREET ADDRESS VENICE. FC 34293 CITY-ST-ZIP VENICE FL 34293 CITY-ST-ZIP MGRM Delete ☐ Change ☐ Addition TITLE Brady, Richard W. 722 Shameock Blub. NAME VENICE CENTER ASSOCIATES III LLC STREET ADDRESS STREET ADDRESS 772 SHAMROCK BLVD CITY-ST-7IP VENICE FL 34293 CITY-ST-ZIP TITLE ☐ Change Delete TITLE ☐ Addition LAHMANN, Stephen E. 722 Shamkick Blub. NAME NAME SEL WV DEVELOPMENT NO 4 INC STREET ADDRESS STREET ADDRESS 722 SHAMROCK BLVD CITY-ST-ZIP VENICE, FL 34293 C!TY-ST-ZIP VENICE FL 34293 Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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)(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.

CITY-ST-ZIP

SIGNATURE AND PIPED OR PRINTED NAME OF SKINING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE