

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000004939**

1. Entity Name  
**COUNTRYSIDE MEDICAL OFFICES, LLC**



Principal Place of Business  
**3023 EASTLAND BLVD., STE. 112  
CLEARWATER, FL 33761**

Mailing Address  
**3023 EASTLAND BLVD., STE. 112  
CLEARWATER, FL 33761**

**DO NOT WRITE IN THIS SPACE**



04122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**59-3706900**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WOLFF, JOY MD, PA  
3023 EASTLAND BLVD., STE. 112  
CLEARWATER, FL 33761**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MARKS, JEFFREY MD  
3023 EASTLAND BLVD., STE. 112  
CLEARWATER, FL 33761**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
WOLFF, JOY MD  
3023 EASTLAND BLVD., STE. 112  
CLEARWATER, FL 33761**

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STREET ADDRESS  
CITY-ST-ZIP

U00000130362  
04/26/04-80116-006 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-12-04

(727) 787-7627