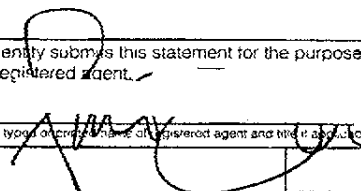
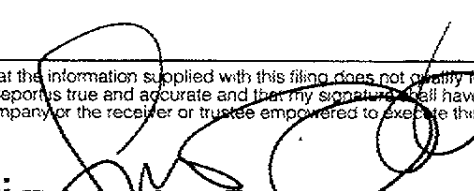


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED

**Feb 02, 2004 08:00 AM
Secretary of State**

DOCUMENT # L01000005126					
1. Entity Name FRANK WARREN TOUB, M.D., P.L.C.					
Principal Place of Business 501 LIVE OAK STREET NEW SMYRNA BEACH FL 32168			Mailing Address 501 LIVE OAK STREET NEW SMYRNA BEACH FL 32168		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3715258 Applied For ☐ Not Applicable ☐	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent FRANK WARREN TOUB, M.D. 501 LIVE OAK STREET NEW SMYRNA BEACH FL 32168			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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  (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					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FRANK WARREN TOUB, M.C. 501 LIVE OAK STREET NEW SMYRNA BEACH FL 32168 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	U00000028633 02/04/04-80032-023 50.00 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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:  1/29/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					