

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006044

FILED
Apr 28, 2004
Secretary of State

Entity Name: PHYSICAL MEDICINE GROUP, L.L.C.

Current Principal Place of Business:

806 N MAIN STREET
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

806 N MAIN STREET
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 59-3710858

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MLADEN, ANTOLIC
806 N MAIN STREET
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ANTOLIC, MLADEN
Address: 3715 SILVER LAKE DR.
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ANTOLIC, MLADEN
Address: 1456 SOUTH SEMORAN BLVD.
City-St-Zip: ORLANDO, FL 32807

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MLADEN ANTOLIC

DR.

04/28/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date