

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90449 042 \*\*\*\*50.00

**DOCUMENT # L01000008102**

**1. Entity Name**  
**MEDPARK PROPERTIES, LLC**



**Principal Place of Business**  
2100 SW 42 ST.  
OCALA, FL 34474

**Mailing Address**  
2100 SW 42 ST.  
OCALA, FL 34474

**24049659**

**2. Principal Place of Business**

3210 S.W. 33<sup>rd</sup> Rd.

**3. Mailing Address**

3210 S.W. 33<sup>rd</sup> Rd.

Suite, Apt. #, etc.

Suite #101

Suite, Apt. #, etc.

Suite #101

City & State

Ocala Florida

City & State

Ocala Florida

Zip

34474

Country

USA

Zip

34474

Country

USA

04202004

Chg-LLC

CR2E083 (10/03)

**4. FEI Number**

59-3719733

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐ **\$5.00 Additional Fee Required**

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

BARBER, JON K  
2100 SW 42 ST.  
OCALA, FL 34474

**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**

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**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** MGR ☐ Delete  
**NAME** BARBER, JON K  
**STREET ADDRESS** 2100 SW 42 ST.  
**CITY-ST-ZIP** Ocala, FL 34474

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**10. ADDITIONS/CHANGES**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ Change ☐ Addition  
**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:**

*Jon K. Barber*

04/20/04 352 873 7788

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

Date

Daytime Phone #