

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011043

FILED
Jan 11, 2005
Secretary of State

Entity Name: SAMUEL L. MCLEOD, III, M.D. LLC

Current Principal Place of Business:

455 WEST WARREN AVENUE
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

455 WEST WARREN AVENUE
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 07-5400478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ARNOLD, MATHENY & EAGAN, P.A.
801 N. MAGNOLIA AVENUE, SUITE 201
ORLANDO, FL 32802 US

Name and Address of New Registered Agent:

ARNOLD, MATHENY & EAGAN, P.A.
605 E ROBINSON STREET
SUITE 730
ORLANDO, FL 32801 US

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: _____

01/11/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SAMUEL, MCLEOD M.D.
Address: 455 WEST WARREN AVENUE
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SAMUEL L. MCLEOD III

MGR

01/11/2005

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