2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State
04-07-2004 90349 010 ****50.00

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1. Entity Name
OCALA INJURY ASSOCIATES, LLC

Principal Place of Business	Mailing Address
1936 W. DR. M.L. KING BLVD. SUITE 103 TAMPA, FL 33607	1936 W. DR. M.L. KING BLVD. SUITE 103 TAMPA, FL 33607

01152004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2025 N POINTE ALEXIS DR	2025 N POINTE ALEXIS DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TARPON SPRINGS FL	City & State: TARPON SPRINGS FL
Zip: 34689 Country: USA	Zip: 34689 Country: USA

4. FEI Number 41-2094958 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FARAGE, NANCY PA
707 N. FRANKLIN ST. 4TH FLR
TAMPA, FL 33602

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			10. ADDITIONS/CHANGES	
TITLE	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SMITH, GARY		NAME	
STREET ADDRESS	2025 N. POINTE ALEXIS DRIVE		STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS, FL 34689		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: ______________________ 3/5/04 727 636 0884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #