

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90012 038 ****50.00

DOCUMENT # L01000015193

1. Entity Name
P.C.T.C. III, L.L.C.



Principal Place of Business
1265 36TH STREET
VERO BEACH, FL 32960

Mailing Address
PO BOX 5409
VERO BEACH, FL 32961-5409

14020013



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07022004 Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3741034

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN MD, HAL W
1265 36TH STREET
VERO BEACH, FL 32960

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 September 8, 2004**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME BROWN, HAL W MD ☐ Delete
STREET ADDRESS 1265 36TH ST
CITY-ST-ZIP VERO BEACH, FL 32960

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

TITLE MGRM
NAME ATAMA, EROL R MD ☐ Delete
STREET ADDRESS 1265 36TH ST
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE ☒ Change ☐ Addition
NAME ATAMER, EROL R MD
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME SHIPLEY, JOSHUA B MD ☐ Delete
STREET ADDRESS 1265 36TH ST
CITY-ST-ZIP VERO BEACH, FL 32960

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

TITLE MGRM
NAME SPLENDORIA, ARTHUR MD ☐ Delete
STREET ADDRESS 1265 36TH ST
CITY-ST-ZIP VERO BEACH, FL 32960

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

TITLE MGRM
NAME SAUER, DENNIS F MD ☐ Delete
STREET ADDRESS 1265 36TH ST
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE ☒ Change ☐ Addition
NAME SAUER, DENNIS F MD
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME WRICH, GUY R MD ☐ Delete
STREET ADDRESS 1265 36TH ST
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE ☒ Change ☐ Addition
NAME ULRICH, GUY R MD
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:

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

Date

Daytime Phone #

7/2/04