


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 05, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| DOCUMENT # L01000016198<br>1. Entity Name<br>JOHN YOUNG FAMILY MEDICAL CENTER, LLC |  |
|--|---|

|  |   |
|--|---|
| Principal Place of Business<br>5308 SOUTH JOHN YOUNG PARKWAY<br>SUITE 200<br>ORLANDO, FL 32839 | Mailing Address<br>5308 SOUTH JOHN YOUNG PARKWAY<br>ORLANDO, FL 32839 |
|--|---|



04212005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>01-0670885 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|--------------------------------|

5. Name and Address of Current Registered Agent

ALI, RAZA  
 5308 SOUTH JOHN YOUNG PARKWAY STE 200  
 SUITE 200  
 ORLANDO, FL 32839

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>ALZ, RAZA<br>5308 SOUTH JOHN YOUNG PARKWAY, STE 200<br>ORLANDO, FL 32839      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BLUNT, HOWARD<br>5308 SOUTH JOHN YOUNG PARKWAY STE 200<br>ORLANDO, FL 32839   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>KWAN, JASEEM<br>5308 SOUTH JOHN YOUNG PARKWAY STE 200<br>ORLANDO, FL 32839 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

U000000363203  
 05/05/05-80147-015 150.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Ali Raza 4-29-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Day/tno Phone #