

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 30, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000017277

1. Entity Name  
MADDOX PROFESSIONAL CENTER, L.L.C.



Principal Place of Business  
8 JUNIPER COURT  
AMELIA ISLAND, FL 32034

Mailing Address  
8 JUNIPER COURT  
AMELIA ISLAND, FL 32034

**DO NOT WRITE IN THIS SPACE**



08252004 No Chg.-LLC

CR2E083 (10/03)

4. FEI Number  
26-0562301

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

AKEL, EDWARD C  
ONE INDEPENDENT DRIVE, SUITE 2301  
JACKSONVILLE, FL 32202

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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 reappointing)

DATE

**Filing Fee is \$50.00  
Due by September 8, 2004**

U00000171102  
08/30/04-90004-003 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MADDOX, GUY F JR.  
8 JUNIPER COURT  
AMELIA ISLAND, FL 32034

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 OR AUTHORIZED REPRESENTATIVE

8-26-04

Date

Daytime Phone #