


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90278 028 ****50.00

DOCUMENT # L01000017775 1. Entity Name KATHY STIGAR C.R.N.A. LLC					
Principal Place of Business 27031 HARBOR DR. BONITA SPRINGS FL 34135 US			Mailing Address 27031 HARBOR DR. BONITA SPRINGS FL 34135 US		
2. Principal Place of Business 27197 GASPARILLA DR		3. Mailing Address 27197 GASPARILLA DR			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BONITA SPRINGS FL		City & State BONITA SPRINGS FL		4. FEI Number 80-0004457	
Zip 34135	Country USA	Zip 34135	Country USA	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent STIGAR, KATHY R CRNA 27031 HARBOR DR. BONITA SPRINGS FL 34135	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 27197 GASPARILLA DR City BONITA SPRINGS FL Zip Code 34135				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 _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KATHY, STIGAR 27031 HARBOR DR <i>see above</i> BONITA SPRINGS FL 34135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	27197 GASPARILLA DR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Kathleen Stigar* **KATHLEEN STIGAR** **3/14/04** **(239) 229-7576**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #