

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018126

FILED
Apr 30, 2004
Secretary of State

Entity Name: J C S MEDICAL ASSOCIATES, PLC

Current Principal Place of Business:

28100 US 19 NORTH
SUITE 401
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

28100 US 19 NORTH
SUITE 401
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 59-3743596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, MAHA
28100 US 19 NORTH
SUITE #401
CLEARWATER, FL 33761

Name and Address of New Registered Agent:

LEWIS-SERAG, MAHA
28100 US 19 NORTH
SUITE #401
CLEARWATER, FL 33761

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.

SIGNATURE: MAHA LEWIS-SERAG

04/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SERAG, SHERIF
Address: 28100 US 19 NORTH, SUITE 401
City-St-Zip: CLEARWATER, FL 33761

Title: MGR () Delete
Name: LEWIS, MAHA
Address: 28100 US 19 NORTH SUITE 401
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: LEWIS-SERAG, MAHA
Address: 28100 US 19 NORTH SUITE 401
City-St-Zip: CLEARWATER, FL 33761

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MAHA LEWIS-SERAG

MGR

04/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date