

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000019607

1. Entity Name
NORTH PORT MEDICAL, L.L.C.



Principal Place of Business
12749 SOUTH TAMiami TRAIL
NORTH PORT, FL 34287

Mailing Address
12749 SOUTH TAMiami TRAIL
NORTH PORT, FL 34287



01142005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1153572

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BARNETT, JAMES M P.A.
C/O NORTH PORT MEDICAL
12749 S. TAMiami TRAIL
NORTH PORT, FL 34287

**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

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 May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
GUTIERREZ, ROBERT F
12749 SOUTH TAMiami TRAIL
NORTH PORT, FL 34287

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
CISLO, DAVID G
12749 SOUTH TAMiami TRAIL
NORTH PORT, FL 34287

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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01/25/05-80111-019 50.00

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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 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]*

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

x 1/20/05

Date

Daytime Phone #