

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90203 035 ****50.00

DOCUMENT # L01000019633

1. Entity Name
AGP MEDICAL LLC



Principal Place of Business
**2929 SWANN AVE.
SUITE 400
TAMPA, FL 33609**

Mailing Address
**2929 SWANN AVE.
SUITE 400
TAMPA, FL 33609**

24001816

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2919 Swann Ave

Suite, Apt. #, etc.

2919 Swann Ave

City & State

City & State

01122004

Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3755578

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PETTYGROVE, ARTHUR G
2929 SWANN AVE.
SUITE 400
TAMPA, FL 33609**

Name

Street Address (P.O. Box Number is Not Acceptable)

2919 Swann Ave

City

FL

Zip Code

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
PETTYGROVE, ARTHUR G
2929 SWANN AVE.
TAMPA, FL 33609** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ 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: **AUTHORIZED REPRESENTATIVE**

JAN 15 2004

727 327-0456

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

Date

Daytime Phone #