


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 29, 2005 08:00 AM
Secretary of State**

DOCUMENT # L01000019881 1. Entity Name CENTRAL DEVELOPMENT ENTERPRISES MEDICAL, LLC	
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Principal Place of Business 1700 SE 17TH ST., STE. 300 OCALA, FL 34471	Mailing Address 1700 SE 17TH ST., STE. 300 OCALA, FL 34471
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DO NOT WRITE IN THIS SPACE



02182005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 03-0399390	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BOYD, ROY T III 1700 SE 17TH ST., STE. 300 OCALA, FL 34471

**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 _____

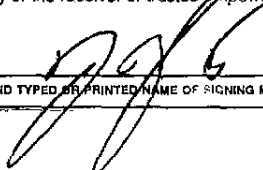
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBER / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BOYD, ROY T III 1700 SE 17TH ST., STE. 300 OCALA, FL 34471
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04/29/05-80092-016 50.00

**DO NOT WRITE
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)(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 done 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 689, Florida Statutes.

SIGNATURE:  **4-18-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #