

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020335

FILED
Jan 06, 2004
Secretary of State

Entity Name: COMMUNITY CARE FAMILY CLINIC II, LLC

Current Principal Place of Business:

1110 E GIBDON STREET
ARCADIA, FL 34266

New Principal Place of Business:

Current Mailing Address:

6231 AVENTURA DRIVE
SARASOTA, FL 34241

New Mailing Address:

FEI Number: 65-1156819

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHERP, RONALD M
3859 BEE RIDGE ROAD
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

CETIN, KENAN M
6231 AVENTURA DRIVE
SARASOTA, FL 34241 US

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: KENAN CETIN

01/06/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CETIN, KENAN
Address: 6231 AVENTURA DRIVE
City-St-Zip: SARASOTA, FL 34241

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: CETIN, DALE
Address: 6231 AVENTURA DRIVE
City-St-Zip: SARASOTA, FL 34241

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: DALE CETIN

MGRM

01/06/2004

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