


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Jul 14, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000020530  
 1. Entity Name  
 ALEXANDER MEDICAL GROUP, LLC



Principal Place of Business      Mailing Address  
 7500 BRYAN DAIRY RD.      7500 BRYAN DAIRY RD.  
 LARGO, FL 33777      LARGO, FL 33777

**DO NOT WRITE IN THIS SPACE**




07012004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number 16-1626040	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  
 ALEXANDER, VLADIMIR A  
 7500 BRYAN DAIRY RD.  
 LARGO, FL 33777

**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:       DATE: 7-8-04

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 September 8, 2004**

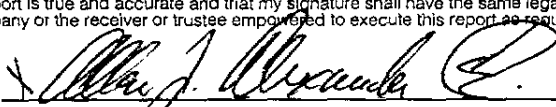
1100000166148  
 07/14/04-80005-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALEXANDER, VLADIMIR A 9442 SILVERTHORN ROAD LARGO, FL 33777
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**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)(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:       DATE: 7-8-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #