

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022613

Entity Name: PA REALTY (DHC) LLC

FILED  
Jan 21, 2004  
Secretary of State

## Current Principal Place of Business:

455 WEST WARREN AVE.  
LONGWOOD, FL 32750

## New Principal Place of Business:

## Current Mailing Address:

455 WEST WARREN AVE.  
LONGWOOD, FL 32750

## New Mailing Address:

FEI Number: 75-3069017

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ARNOLD, MATHENY & EAGAN, P.A.  
801 N. MAGNOLIA AVE. SUITE 201  
ORLANDO, FL 32802 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: PA REALTY LLC,  
Address: 455 WEST WARREN AVENUE  
City-St-Zip: LONGWOOD, FL 32750 US

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

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

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

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

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: DENNIS J. BUHRING,  
Address: 455 WEST WARREN AVENUE  
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGRM ( ) Change (X) Addition  
Name: POPAT, VIPIN M.D.  
Address: 455 WEST WARREN AVENUE  
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM ( ) Change (X) Addition  
Name: BOWLES, ROBERT J M.D.  
Address: 455 WEST WARREN AVENUE  
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM ( ) Change (X) Addition  
Name: BOUGOULIAS, MICHAEL M.D.  
Address: 455 WEST WARREN AVENUE  
City-St-Zip: LONGWOOD, FL 32750

Title: MGRM ( ) Change (X) Addition  
Name: PELTESON, HOWARD M.D.  
Address: 455 WEST WARREN AVENUE  
City-St-Zip: LONGWOOD, FL 32750

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: ROBERT BOWLES, M.D.

MGRM

01/21/2004

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