


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 18, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000022618

1. Entity Name  
 J.H. CHO, MD, LLC



Principal Place of Business: 14451 BRUCE B. DOWNS BLVD. TAMPA, FL 33613

Mailing Address: 14451 BRUCE B. DOWNS BLVD. TAMPA, FL 33613

**DO NOT WRITE IN THIS SPACE**



02092005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-1913177	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

RIEF, FRANK J III ESQ  
 442 W. KENNEDY BLVD., STE. 340  
 TAMPA, FL 33606

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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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHO, J.H. 6381 MACLAURIN DRIVE TAMPA, FL 33647
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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: J. H. CHO, MD, LLC Date: 2/15/05

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