2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 02, 2004
Secretary of State

DOCUMENT# L02000001870

Entity Name: STONE MEDICAL GROUP, LLC

Current Principal Place of Business:

1141 S. ROGERS CIRCLE, SUITE 3
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

1141 S. ROGERS CIRCLE, SUITE 3
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 01-0589120 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILROT, MARK B ESQ
MILROT & DIAMOND, P.A.
4421 HOLLYWOOD BLVD
HOLLYWOOD, FL 33021 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:	MGRM	( ) Delete
Name:	RUNSDORF, ADAM	
Address:	1141 S. ROGERS CIRCLE, SUITE 3	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	MGR	( ) Delete
Name:	JAFFY, BRETT	
Address:	12812 CASCADES POINTE DRIVE	
City-St-Zip:	BOCA RATON, FL 33428	
Title:	MGR	( ) Delete
Name:	GORN, STEVE	
Address:	19638 STAR ISLAND DRIVE	
City-St-Zip:	BOCA RATON, FL 33498	

ADDITIONS/CHANGES:

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

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: ADAM RUNSDORF MGRM 07/02/2004

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