

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001870

FILED
Feb 11, 2005
Secretary of State

Entity Name: STONE MEDICAL GROUP, LLC

Current Principal Place of Business:

1160 S RODGERS CIRCLE SUITE 2
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

1160 S RODGERS CIRCLE SUITE 2
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: 1160 S. ROGERS CIRCLE, SUITE 2
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: MGR (X) Change () Addition
Name: GORN, STEVE
Address: 9510 GRANDE ESTATES WAY
City-St-Zip: BOCA RATON, FL 33496

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

02/11/2005

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