


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000003515	
1. Entity Name JASSIR MEDICAL, L.L.C.	

Principal Place of Business 1405 S ORANGE AVE ORLANDO, FL 32806 US	Mailing Address P.O. BOX 560862 ORLANDO, FL 32856-0862 US
--	---

DO NOT WRITE IN THIS SPACE



04072004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 03-0387627	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

**WINTERS, JR., THOMAS F M.D.
1405 S ORANGE AVE
SUITE 601
ORLANDO, FL 32806**

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JASSIR, CARLOS M.D. 1405 SOUTH ORANGE AVENUE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WINTER, JR., THOMAS F 1405 S ORANGE AVE, STE 601 ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000121568
04/20/04-80058-010 50.00

**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)(f), 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: Thomas Winters **4/15/04** **407/649-1097**

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