2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2004
Secretary of State

DOCUMENT# L02000008552

Entity Name: BOND MEDICAL GROUP OF MIAMI, LLC

Current Principal Place of Business:

746 NE 95 ST.
MIAMI SHORES, FL 33138

New Principal Place of Business:

Current Mailing Address:

746 NE 95 ST.
MIAMI SHORES, FL 33138

New Mailing Address:

FEI Number: 01-0743130 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLEY, CHRISTOPHER P
11098 BISCAYNE BLVD., STE. 205
MIAMI, FL 33161 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: O'CONNOR, JAMES C
Address: 746 NE 95 ST.
City-St-Zip: MIAMI SHORES, FL 33138

Title: MGRM ( ) Delete
Name: BOND, TRAVIS L
Address: 16202 W. COURSE DR.
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: BOND, TRAVIS L
Address: 18608 AVE MONACO
City-St-Zip: LUTZ, FL 33558

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: JAMES O'CONNOR MGRM 01/21/2004

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