


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90175 012 ****50.00

DOCUMENT # L02000010987

1. Entity Name
 BURNT STORE FAMILY MEDICINE, P.L.



Principal Place of Business
 100 MADRID BLVD.
 SUITE 512
 PUNTA GORDA, FL 33950

Mailing Address
 100 MADRID BLVD.
 SUITE 512
 PUNTA GORDA, FL 33950

2. Principal Place of Business
 100 MADRID BLVD

3. Mailing Address
 100 MADRID BLVD

Suite, Apt. #, etc.
 Suite 513

Suite, Apt. #, etc.
 Suite 513

City & State
 Punta Gorda, FL

City & State
 Punta Gorda, FL


Zip
 33950

Country
 USA

Zip
 33950

Country
 USA

20013189



01062005 Chg-LLC CR2E083 (10/03)

4. FEI Number
 02-0609414

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WOTITZKY, HAL F ESQ
 223 TAYLOR ST.
 PUNTA GORDA, FL 33950

7. Name and Address of New Registered Agent

Name
 JAMES W. KAYWELL

Street Address (P.O. Box Number is Not Acceptable)
 2705 TAMiami TRAIL, Suite 211

City
 PUNTA GORDA

FL

Zip Code
 33950

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 James W. Kaywell (NOTE: Registered Agent signature required when reinstating)

DATE 2/2/05

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WANG, GORDON 553 PORT BENDRES DRIVE PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WANG, ALISON 553 PORT BENDRES DRIVE PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 MADRID BLVD, SUITE 513 PUNTA GORDA, FL, 33950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100 MADRID BLVD, SUITE 513 PUNTA GORDA, FL, 33950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Alison S. Wang Date 02/02/05 Daytime Phone # 941-505-0974

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE