


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000012134 1. Entity Name MIGUEL A MONTEJO, M.D. PLC.	
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Principal Place of Business 2403 BERKSHIRE LANE WINTER HAVEN, FL 33884	Mailing Address 2403 BERKSHIRE LANE WINTER HAVEN, FL 33884
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DO NOT WRITE IN THIS SPACE



07082004 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 03-0447280	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MONTEJO, MIGUEL A 2403 BERKSHIRE LANE WINTER HAVEN, FL 33884	DO NOT WRITE IN THIS SPACE
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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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by September 8, 2004**

100000166979
07/19/04-20006-009 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MONTEJO, MIGUEL A 2403 BERKSHIRE LANE WINTER HAVEN, FL 33884
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**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)(b) of the 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 by the managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 60B, Florida Statutes.

SIGNATURE:  _____ Date 7/6/04 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

MIGUEL A MONTEJO, M.D.