


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90115 010 \*\*\*150.00

**DOCUMENT # L02000012633**

1. Entity Name  
**ORANGE PARK NEUROLOGICAL BUILDING, L.L.C.**



Principal Place of Business  
**2221 SEGOVIA AVENUE  
 JACKSONVILLE FL 32217**

Mailing Address  
**2221 SEGOVIA AVENUE  
 JACKSONVILLE FL 32217**

2. Principal Place of Business  
**Suite 903  
 1895 Kingsley Avenue,  
 Suite, Apt. #, etc.  
 # 903**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**ORANGE PARK, FL**

City & State

Zip  
**32073**

Country  
**clay**

Zip  
 \_\_\_\_\_

Country  
 \_\_\_\_\_

4. FEI Number  
**56-237-0853**

Applied For  
 Not Applicable

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



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent

**MUZAURIETA, AURELLO  
 2221 SEGOVIA AVENUE  
 JACKSONVILLE FL 32217**

7. Name and Address of New Registered Agent

Name  
 \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)  
 \_\_\_\_\_

City  
**FL** Zip Code

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 *A. A. Myan* DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	MUZAURIETA, AURELIO A	2221 SEGOVIA AVENUE	JACKSONVILLE FL 32217	<input type="checkbox"/>
Member	<b>VICTOR A. MAQUERA, MD</b>	<b>1895 Kingsley Avenue, Suite 903</b>	<b>ORANGE PARK, FL 32073</b>	<input type="checkbox"/>
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
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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: *A. A. Myan* **4-13-04 (904) 631-2669**

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