
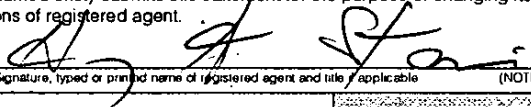
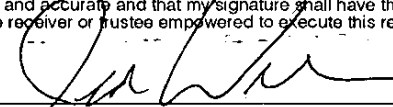


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90429 039 ****50.00

DOCUMENT # L02000012650 1. Entity Name JED P. WEBER, M.D., P.L.					
Principal Place of Business 646 VIRGINIA STREET SUITE 600- 701 DUNEDIN FL 34698 US			Mailing Address 646 VIRGINIA STREET SUITE 600- 701 DUNEDIN FL 34698 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			4. FEI Number 30-0079522		
COLBASSANI, CHARLES J 646 VIRGINIA STREET SUITE 600 DUNEDIN FL 34698			Applied For <input type="checkbox"/> Not Applicable		
7. Name and Address of New Registered Agent			5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
COLBASSANI, CHARLES J 646 VIRGINIA STREET SUITE 600 DUNEDIN FL 34698			Name Henry A Stein Esq Street Address (P.O. Box Number is Not Acceptable) 1607 Dr. M.L. King Jr. (on St N) St Petersburg FL Zip Code 33704		
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  <small>Signature, typed or printed name of registered agent and title, applicable</small>			DATE 3/25/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEBER, JED P M.D. 646 VIRGINIA STREET, STE 600 DUNEDIN FL 34698	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. Weber, Jed P MD 646 Virginia ST Suite 701 Dunedin FL 34698	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 1/28/05 727-734-9088 <small>Daytime Phone #</small>		