

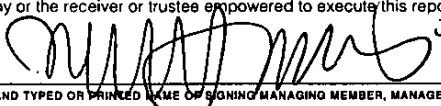


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 20, 2005 8:00 am**  
**Secretary of State**

05-20-2005 90208 048 \*\*\*\*50.00

<b>DOCUMENT # L02000014366</b> 1. Entity Name <b>AZURE MEDICAL GROUP, PLLC</b>					
Principal Place of Business <b>2750 BAHIA VISTA ST SUITE 270 SARASOTA, FL 34239</b>			Mailing Address <b>2750 BAHIA VISTA ST SUITE 270 SARASOTA, FL 34239</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country			
4. FEI Number <b>04082005</b> Chg-LLC      CR2E083 (10/03) <b>04-3683580</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				6. Name and Address of Current Registered Agent  <b>BLALOCK, LANDERS, WALTERS &amp; VOGLER, P.A. 802 11TH STREET WEST BRADENTON, FL 34205</b>	
7. Name and Address of New Registered Agent Name <b>HARRIS, J. MICHAEL</b> Street Address (P.O. Box Number is Not Acceptable)  <b>1931 S. TUTTLE AVE</b> City <b>SARASOTA</b> <b>FL</b> Zip Code <b>34239</b>				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 <b>J. MICHAEL HARRIS</b> /      / 05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GELVIN, CHRIS R MD 1931 SOUTH TUTTLE AVE. SARASOTA, FL 34239	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HARRIS, J. MICHAEL MD 1931 SOUTH TUTTLE AVE. SARASOTA, FL 34239	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HARRIS, J. MICHAEL MD 1931 SOUTH TUTTLE AVE. SARASOTA, FL 34239	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HARRIS, J. MICHAEL MD 1931 SOUTH TUTTLE AVE. SARASOTA, FL 34239	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HARRIS, J. MICHAEL MD 1931 SOUTH TUTTLE AVE. SARASOTA, FL 34239	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HARRIS, J. MICHAEL MD 1931 SOUTH TUTTLE AVE. SARASOTA, FL 34239	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HARRIS, J. MICHAEL MD 1931 SOUTH TUTTLE AVE. SARASOTA, FL 34239	<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE:</b>  <b>J. MICHAEL HARRIS, MGR</b> 941-412105      921-3386					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					