## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L02000014708**

1. Entity Name SCOTT L. GOLD, M.D., LLC



Principal Place of Business

7630 N WICKHAM RD

#104

MELBOURNE, FL 32940

Mailing Address

405 PELICAN WAY

MELBOURNE BEACH, FL 32951

## FILED Apr 21, 2004 08:00 AM Secretary of State



03212004 No Chg-LLC

CR2E083 (10/03)

4. FE) Number			Applied For
<u>74-3048745</u>			Not Applicable
5. Certificate of Status Desired		\$5.00	Additional

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FALLACE, JAMES H FALLACE & LARKIN, LLC 1900 S. HICKORY STREET, STE. A MELBOURNE, FL 32901			DO NOT WRITE IN THIS SPACE		
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. 1 am familiar with, and accept the obligations of registered agent.					
SIGNATURE.	Signature, typed or printed name of registered agent and title it applicable	(NOTE Registered Agent signature required when reinstating)	DĀTĒ		
Fi D	iling Fee is \$50.00 ue by May 1, 2004		U00000122657 04/21/04-80038-006 50.00		
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLD, SCOTT L 7630 N WICKHAM RD #104 MELBOURNE, FL 32940				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		IN <sup>-</sup>	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME	***				

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 139.07(3)(f). 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: \_\_\_

SIGNATURE AND TYPED OR FRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytims Phone #