2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2004
Secretary of State

DOCUMENT# L02000023277

Entity Name: CLOVERLEAF MEDICAL INTERNATIONAL, LLC

Current Principal Place of Business:

5780 GRANDE RESERVE WAY, UNIT 1401
NAPLES, FL 34110

New Principal Place of Business:

8320 WARLIN DRIVE SOUTH
JACKSONVILLE, FL 32216

Current Mailing Address:

5780 GRANDE RESERVE WAY, UNIT 1401
NAPLES, FL 34110

New Mailing Address:

8320 WARLIN DRIVE SOUTH
JACKSONVILLE, FL 32116

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CRANE, THOMAS J
5780 GRANDE RESERVE WAY, UNIT 1401
NAPLES, FL 34110

Name and Address of New Registered Agent:

STEVE, DAVID A
8320 WARLIN DRIVE SOUTH
JACKSONVILLE, FL 32216

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.

SIGNATURE: DAVID A. STEVE 07/23/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: CRANE, THOMAS J
Address: 5780 GRANDE RESERVE WAY, UNIT 1401
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: STEVE, DAVID A
Address: 8320 WARLIN DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DAVID A. STEVE MGRM 07/23/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date