


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-03-2004 90127 009 \*\*\*\*50.00

<b>DOCUMENT # L02000023367</b>	
1. Entity Name FLORIDA HEALTH SOURCE, LLC	

Principal Place of Business 7764 NORMANDY BLVD., SUITE 24A JACKSONVILLE, FL 32221	Mailing Address 350 JIM MORAN BLVD., SUITE 150 DEERFIELD BEACH, FL 33442
---	--

**24063342**



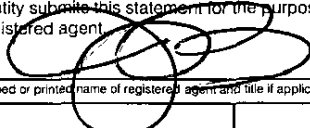
2. Principal Place of Business 350 Jim Moran Blvd Suite, Apt. #, etc. Suite 150 City & State Deerfield Beach FL Zip 33442 Country	3. Mailing Address 350 Jim Moran Blvd Suite, Apt. #, etc. Suite 150 City & State Deerfield Beach FL Zip 33442 Country
---	---

04292004 Chg-LLC CR2E083 (10/03)

4. FEI Number 47-0872329	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BLOOM, JONATHAN ESQ. 2295 NW CORPORATE BLVD, STE 117 BOCA RATON, FL 33431	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.

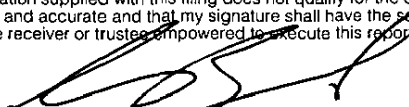
SIGNATURE  DATE 4/29/04

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

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IBX GROUP INC 350 NW 12TH AVENUE DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	350 Jim Moran Blvd <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
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:  DATE \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE