2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 02, 2004
Secretary of State

DOCUMENT# L02000024189

Entity Name: THE CALA HILLS FAMILY CLINIC, LLC

Current Principal Place of Business:

2118 SW 20TH PLACE, SUITE 102
OCALA, FL 34474 US

New Principal Place of Business:

2118 SW 20TH PLACE
SUITE 102
OCALA, FL 34474 US

Current Mailing Address:

1344 SE 18TH AVE
OCALA, FL 34471 US

New Mailing Address:

2118 SW 20TH PLACE
SUITE 102
OCALA, FL 34474 US

FEI Number: 06-1651753 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CABAN, DARLENE R
1344 SE 18TH AVE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

STRADER, CHESTER R
811 SE 44 AVE
OCALA, FL 34471 US

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: CHESTER R STRADER 07/02/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: CABAN, EPHRAIM JR.,MD
Address: 2118 SW 20TH PLACE, SUITE 102
City-St-Zip: OCALA, FL 34474 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: EPHRAIM CABAN, JR., MD MGRM 07/02/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date