

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026528

FILED  
Jan 13, 2004  
Secretary of State

Entity Name: C. LAWRENCE SLADE, M.D., F.A.C.S., L.L.C.

## Current Principal Place of Business:

311 N. CLYDE MORRIS BLVD.  
SUITE 360  
DAYTONA BEACH, FL 32114 US

## Current Mailing Address:

311 N. CLYDE MORRIS BLVD.  
SUITE 360  
DAYTONA BEACH, FL 32114 US

## New Principal Place of Business:

3635 CLYDE MORRIS BLVD  
SUITE 400  
PORT ORANGE, FL 32129 US

## New Mailing Address:

3635 CLYDE MORRIS BLVD  
SUITE 400  
PORT ORANGE, FL 32129 US

FEI Number: 71-0908976

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SLADE, C. LAWRENCE  
3635 CLYDE MORRIS BLVD #400  
PORT ORANGE, FL 32129 US

## Name and Address of New Registered Agent:

SLADE, C. LAWRENCE  
3635 CLYDE MORRIS BLVD #400  
PORT ORANGE, FL 32129 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:

01/13/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: P ( ) Delete  
Name: SLADE, C. LAWRENCE MD  
Address: 3635 CLYDE MORRIS BLVD #400  
City-St-Zip: PORT ORANGE, FL 32129 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SLADE, C. LAWRENCE MD  
Address: 3635 CLYDE MORRIS BLVD #400  
City-St-Zip: PORT ORANGE, FL 32129 US

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: C. LAWRENCE SLADE

MGR

01/13/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date