2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2004
Secretary of State

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Entity Name: LAWRENCE H. FINK, M.D., FACS, P.L.

Current Principal Place of Business:

5741 BEE RIDGE ROAD
SARASOTA, FL 342335064

New Principal Place of Business:

5741 BEE RIDGE ROAD
SUITE 530
SARASOTA, FL 342335064

Current Mailing Address:

5741 BEE RIDGE ROAD
SARASOTA, FL 342335064

New Mailing Address:

5741 BEE RIDGE ROAD
SUITE 530
SARASOTA, FL 342335064

FEI Number: 06-1651019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FINK, LAWRENCE H M.D.
5741 BEE RIDGE ROAD
SARASOTA, FL 342335064 US

Name and Address of New Registered Agent:

FINK, LAWRENCE H M.D.
5741 BEE RIDGE ROAD
SUITE 530
SARASOTA, FL 342335064 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: _____ 01/09/2004
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: FINK, LAWRENCE H M.D.
Address: 5741 BEE RIDGE ROAD
City-St-Zip: SARASOTA, FL 34233 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: LAWRENCE H. FINK, M.D. MGR 01/09/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date