


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L02000028461</b>                      |  |
| 1. Entity Name<br><b>NC MEDICAL MANAGEMENT, LLC</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>847 COQUINA WAY<br/>BOCA RATON FL 33432</b> | Mailing Address<br><b>847 COQUINA WAY<br/>BOCA RATON FL 33432</b> |
|---|---|



1st MOORE CR2E083 (10/04)

|                                |         |                    |         |
|--------------------------------|---------|--------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address |         |
| Suite, Apt #, etc.             |         | Suite, Apt #, etc. |         |
| City & State                   |         | City & State       |         |
| Zip                            | Country | Zip                | Country |

|   |  |
|---|--|
| 4. FEI Number<br><b>02-0647782</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br><b>CHEDIAK, NIDIA<br/>847 COQUINA WAY<br/>BOCA RATON FL 33432</b> |  |
|--|--|

|  |             |
|--|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name   |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City   | FL Zip Code |

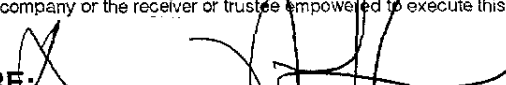
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

|  |  |
|--|--|
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2005</b> |  |
|--|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>NIDIA, CHEDIAK<br>847 COQUINA WAY<br>BOCA RATON FL 33432 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br>U00000290832<br>04/07/05-80006-004 50.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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   | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date   | Daytime Phone # |
|  |   | 4-5-05 | 561-393-8836    |