STREET ADDRESS

CITY-ST-ZIP

2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT

Mar 07, 2005 8:00 am Secretary of State 03-07-2005 90060 005 ****50.00 DOCUMENT # L02000029323 FORT WALTON BEACH IN-PATIENT SERVICES, LLC Principal Place of Business Mailing Address 1000 PARK FORTY PLAZA 1000 PARK FORTY PLAZA DURHAM, NC 27713 DURHAM, NC 27713 2. Principal Place of Business 3. Maiting Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01252005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 57-1137665 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code FL 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. Tr. 4 SIGNATURE 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, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. M GRM ☐ Addition TITLE Detete TITLE Change : STERLING GROUP PHYSICIAN SERVICES, LLC NAMÉ SHG/PHY AMERICA PHYSICIAN SRVCS, INC. NAME 1000 PARK FORTY PLAZA SUITE 500 2828 CROASDALE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DURHAM, NC 27705 CITY-ST-ZIP DURHAM, NC 27713 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITE F TITLE ☐ Addition ☐ Detete ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME

FILED

Eugene F. Dauches To

STREET ADDRESS

CITY - ST - ZIP 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.