

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030569

FILED
Jan 06, 2004
Secretary of State

Entity Name: PATRIOTIC CARE MANAGEMENT OF FLORIDA, LLC

Current Principal Place of Business:

12911 OAK SHADOW PLACE
TAMPA, FL 33624 US

New Principal Place of Business:

5183 JASMINE WAY
PALM HARBOR, FL 34685 US

Current Mailing Address:

12911 OAK SHADOW PLACE
TAMPA, FL 33624 US

New Mailing Address:

5183 JASMINE WAY
PALM HARBOR, FL 34685 US

FEI Number: 65-1179853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAGAN, EDWIN
2709 N. ROCKY POINT DRIVE
SUITE 102
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ATKINS, BEN
Address: 12911 OAK SHADOW PLACE
City-St-Zip: TAMPA, FL 33624 US

Title: MGRM () Delete
Name: MORRISON, MARYA
Address: 12911 OAK SHADOW PLACE
City-St-Zip: TAMPA, FL 33624 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ATKINS, BEN
Address: 5183 JASMINE WAY
City-St-Zip: PALM HARBOR, FL 34685 US

Title: MGRM (X) Change () Addition
Name: MORRISON, MARYA
Address: 5183 JASMINE WAY
City-St-Zip: PALM HARBOR, FL 34685 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: BEN ATKINS

MGRM

01/06/2004

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