2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031059

Entity Name: PHOENIX MEDICAL ENTERPRISES, LLC

FILED Apr 07, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

800 VILLAGE SQUARE CROSSING, SUITE 114 800 VILLAGE SQUARE CROSSING PALM BEACH GARDENS, FL 33410

SUITE 114

PALM BEACH GARDENS, FL 33410

Current Mailing Address: New Mailing Address:

800 VILLAGE SQUARE CROSSING, SUITE 114 800 VILLAGE SQUARE CROSSING PALM BEACH GARDENS, FL 33410

SUITE 114

PALM BEACH GARDENS, FL 33410

FEI Number: 22-3884987 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCWATERS, JOE H JR 800 VILLAGE SQUARE CROSSING, SUITE 114 MCWATERS, JOE H JR 800 VILLAGE SQUARE CROSSING PALM BEACH GARDENS, FL 33410 SUITE 114

PALM BEACH GARDENS, FL 33410 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: JOE H. MCWATERS, JR. 04/07/2004

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGRP () Delete (X) Change () Addition

MCWATERS, JOE H JR Name: Name: MCWATERS, JOE H JR Address: 800 VILLAGE SQ CROSSING Address: 800 VILLAGE SQ CROSSING, SUITE 114 City-St-Zip: PALM BEACH GARDENS, FL 33410 City-St-Zip: PALM BEACH GARDENS, FL 33410

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.

MGRM SIGNATURE: JOE H. MCWATERS, JR. 04/07/2004