

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031614

FILED  
Aug 20, 2004  
Secretary of State

Entity Name: ACADEMY MEDICAL, L.L.C.

**Current Principal Place of Business:**

9131 S.W. 49TH PLACE  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

9131 S.W. 49TH PLACE  
GAINESVILLE, FL 32608

**New Mailing Address:**

FEI Number: 04-3724072

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PAPA, PATRICK J  
9131 S.W. 49TH PLACE  
GAINESVILLE, FL 32608 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: PAPA, PATRICK J  
Address: 9131 S.W. 49TH PLACE  
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM ( ) Delete  
Name: SHAW, DAN  
Address: 633 2ND STREET  
City-St-Zip: NEPTUNE BEACH, FL 32266

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PATRICK J. PAPA

MGRM

08/20/2004

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