2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2005
Secretary of State

DOCUMENT# L02000031614

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 MR. 04/01/2005

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