


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90330 025 \*\*\*\*50.00

<b>DOCUMENT # L02000031856</b>					
<b>1. Entity Name</b> MEDARTS IN THE SPRINGS, LLC					
<b>Principal Place of Business</b> % MELVIN S. KOHAN, M.D. 9750 NW 33RD STREET, SUITE 107 CORAL SPRINGS, FL 33065			<b>Mailing Address</b> % MELVIN S. KOHAN, M.D. 9750 NW 33RD STREET, SUITE 107 CORAL SPRINGS, FL 33065		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 40 Syndicon Properties, Inc. Suite, Apt. #, etc. 1881 University Dr., #114			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Coral Springs, FL		<b>4. FEI Number</b> NOT APPLICABLE	
Zip		Zip 33071		Country USA	
Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b> REDGRAVE & TURNER, LLP 120 E. PALMETTO PARK ROAD, SUITE 450 BOCA RATON, FL 33432			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		Make check payable to Florida Department of State		_____	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOHAN, M.D., MELVIN S MGRM 9750 NW 33RD STRET, SUITE 107 CORAL SPRINGS, FL 33065 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLTMAN, M.D., STEWART 7431 N. University Dr. #201 Tamarac, FL 33321 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZARAGOZA, M.D., BERNARD 3100 Coral Hills Drive #207 Coral Springs, FL 33065 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Timothy S. Cohen</i>			4/9/04 954-752-3540		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		