2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 19, 2004
Secretary of State

DOCUMENT# L02000034281

Entity Name: COATES-CLARK ORTHOPEDIC SURGERY & SPORTS MEDICINE CENTER, LLC

Current Principal Place of Business:

6500 CRILL AVENUE
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8037
PALATKA, FL 32178

New Mailing Address:

FEI Number: 42-1563413 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BIVENS, BURNEY ESQ.
1543 KINGSLEY AVE. SUITE 18-B
ORANGE PARK, FL 32073 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: COATES-CLARK, CAMILLE
Address: 6500 CRILL AVENUE
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES:

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: CAMILLE COATES-CLARK MM 07/19/2004

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