

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000001966

**FILED**  
**Jan 05, 2004**  
**Secretary of State**

**Entity Name:** COMPUTEROPATHY SPECIALISTS LLC

**Current Principal Place of Business:**

4610 POMPANO DRIVE  
TAMPA, FL 33617

**New Principal Place of Business:**

**Current Mailing Address:**

4610 POMPANO DRIVE  
TAMPA, FL 33617

**New Mailing Address:**

**FEI Number:** 43-1998193

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRYAN, BRENDA F  
4610 POMPANO DRIVE  
TAMPA, FL 33617 US

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

BRYAN, EARL W  
4610 POMPANO DRIVE  
TAMPA, FL 33617 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: EARL W BRYAN

01/05/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete

Name:

Address:

City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition

Name: BRYAN, EARL W OWNER

Address: 4610 POMPANO DRIVE

City-St-Zip: TAMPA, FL 33617

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: EARL W BRYAN

MGR

01/05/2004

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