

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000005671

**FILED**  
**Jan 23, 2004**  
**Secretary of State**

**Entity Name:** RHEUMATOLOGY OFFICE CONDOMINIUM, L.L.C.

**Current Principal Place of Business:**

3200 SW 34TH AVENUE  
STE. 202  
OCALA, FL 34474

**New Principal Place of Business:**

2714 SE 22ND AVE.  
OCALA, FL 34471

**Current Mailing Address:**

3200 SW 34TH AVENUE  
STE. 202  
OCALA, FL 34474

**New Mailing Address:**

2714 SE 22ND AVE.  
OCALA, FL 34471

**FEI Number:** 04-8521585

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GASSMAN, ALAN S  
1245 COURT STREET STE. 102  
CLEARWATER, FL 33756 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:** MGR ( ) Delete  
**Name:** GRESH, JOHN P MD  
**Address:** 3200 SW 34TH AVENUE STE. 202  
**City-St-Zip:** Ocala, FL 34474

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** GRESH, JOHN P MD  
**Address:** 2714 SE 22ND AVE.  
**City-St-Zip:** Ocala, FL 34471

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:** JOHN P. GRESH, MD

MGR

01/23/2004

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