

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005958

FILED
Feb 18, 2004
Secretary of State

Entity Name: CARE LEVEL MANAGEMENT MEDICAL GROUP FLORIDA, LLC

Current Principal Place of Business:

3550 BUSCHWOOD PARK DRIVE STE. 133
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

3550 BUSCHWOOD PARK DRIVE STE. 133
TAMPA, FL 33618

New Mailing Address:

FEI Number: 32-0060512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KHALIL, RAOUF
3550 BUSCHWOOD PARK DRIVE STE. 133
TAMPA, FL 33618

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: BECKER, HENRY
Address: 1150 KREGMONT DRIVE
City-St-Zip: GLENDORA, CA 91741

Title: MGR () Delete
Name: KHALIL, RAOUF
Address: 210 LAKE SHERWOOD DRIVE
City-St-Zip: THOUSAND OAKS, CA 91361

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: RAOUF KHALIL

CEO

02/18/2004

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