2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2005
Secretary of State

DOCUMENT# L03000006509

Entity Name: RCL OF FLORIDA, LLC

Current Principal Place of Business:

C/O RICHARD C. LEHMAN, M.D.
333 SOUTH KIRKWOOD ROAD, SUITE 200
ST LOUIS, MO 63122

New Principal Place of Business:

C/O RICHARD C. LEHMAN, M.D.
333 SOUTH KIRKWOOD ROAD, SUITE 200
ST LOUIS, MO 63122 US

Current Mailing Address:

C/O RICHARD C. LEHMAN, M.D.
333 SOUTH KIRKWOOD ROAD, SUITE 200
ST LOUIS, MO 63122

New Mailing Address:

C/O RICHARD C. LEHMAN, M.D.
333 SOUTH KIRKWOOD ROAD, SUITE 200
ST LOUIS, MO 63122 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEHMAN, GARY
201 SOUTH BISCAYNE BOULEVARD
MIAMI, FL 33131 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: LEHMAN, RICHARD C
Address: 333 SOUTH KIRKWOOD ROAD, SUITE 200
City-St-Zip: ST. LOUIS, MO 63122 US

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: RICHARD C. LEHMAN, M.D. MGRM 01/13/2005

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