

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007164

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: CENTURY MEDICAL CARE, LLC

**Current Principal Place of Business:**

16850 COLLINS AVENUE, SUITE 105-A  
SUNNY ISLES, FL 33160

**New Principal Place of Business:**

161 NE MIAMI GARDENS DRIVE  
NORTH MIAMI, FL 33179

**Current Mailing Address:**

16850 COLLINS AVENUE, SUITE 105-A  
SUNNY ISLES, FL 33160

**New Mailing Address:**

161 NE MIAMI GARDENS DRIVE  
NORTH MIAMI, FL 33179

FEI Number: 06-1684170

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OSADCHY, IOSIF  
16850 COLLINS AVENUE, SUITE 105-A  
SUNNY ISLES, FL 33160

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

OSADCHY, IOSIF  
161 NE MIAMI GARDENS DRIVE  
NORTH MIAMI, FL 33179

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:

04/30/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: PT ( ) Delete  
Name: OSADCHY, IOSIF  
Address: 16850 COLLINS AVENUE, SUITE 105-A  
City-St-Zip: SUNNY ISLES, FL 33160

Title: V ( ) Delete  
Name: OSADCHY, MARLIN  
Address: 16850 COLLINS AVENUE, SUITE 105-A  
City-St-Zip: SUNNY ISLES, FL 33160

Title: S ( ) Delete  
Name: OSADCHY, GALINA  
Address: 16850 COLLINS AVENUE, SUITE 105-A  
City-St-Zip: SUNNY ISLES, FL 33160

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: OSADCHY, IOSIF  
Address: 161 NE MIAMI GARDENS DRIVE  
City-St-Zip: NORTH MIAMI, FL 33179

Title: MGR (X) Change ( ) Addition  
Name: OSADCHY, MARLEN  
Address: 161 NE MIAMI GARDENS DRIVE  
City-St-Zip: NORTH MIAMI, FL 33179

Title: MGR (X) Change ( ) Addition  
Name: OSADCHY, GALINA  
Address: 161 NE MIAMI GARDENS DRIVE  
City-St-Zip: NORTH MIAMI, FL 33179

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: IOSIF OSADCHY

MGRM

04/30/2004

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