

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008081

FILED
Apr 29, 2004
Secretary of State

Entity Name: L S MEDICAL, L.L.C.

Current Principal Place of Business:

1400 BISHOP ESTATES RD.
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 551260
JACKSONVILLE, FL 32255

New Mailing Address:

PO BOX 600550
JACKSONVILLE, FL 32259

FEI Number: 56-2327028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHNEIDER, MICHAEL N
5150 BELFORT RD., BLDG. 100
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

LEVINE, DONALD J
1400 BISHOP ESTATES ROAD
JACKSONVILLE, FL 32259 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: DONALD J. LEVINE, M.D.

04/29/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: LEVINE, DONALD J
Address: 1400 BISHOP ESTATES ROAD
City-St-Zip: JACKSONVILLE, FL 32259

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: DONALD J LEVINE

MGR

04/29/2004

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