

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013379

Entity Name: BEACHES MEDICAL, LLC

FILED
Jan 14, 2004
Secretary of State

Current Principal Place of Business:

P.O. BOX 3217
PONTE VEDRA BEACH, FL 320043217

New Principal Place of Business:

P.O. BOX 3217
PONTE VEDRA BEACH, FL 320043217 US

Current Mailing Address:

P.O. BOX 3217
PONTE VEDRA BEACH, FL 320043217

New Mailing Address:

P.O. BOX 3217
PONTE VEDRA BEACH, FL 320043217 US

FEI Number: 01-0777730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARTLETT, BARON L
135 PROFESSIONAL DRIVE, SUITE 101
PONTE VEDRA BEACH, FL 32082 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: BRINK, JEFFREY E MD
Address: P.O. BOX 3217
City-St-Zip: PONTE VEDRA BEACH, FL 320043217 US

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: JEFFREY E BRINK, MD

MGRM

01/14/2004

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