

## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED DOCUMENT # L03000013684 1. Entity Name 05 FEB -7 PM 3: 19 VISTA ADMINISTRATORS, L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 300 SOUTH PARK ROAD 300 SOUTH PARK ROAD HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182005 CR2E083 (10/03) Cha-LLC City & State City & State 4. FEI Number Applied For 02506979763 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COHEN, GERALD M Street Address (P.O. Box Number is Not Acceptable) 300 SOUTH PARK ROAD HOLLYWOOD, FL 33021 City Zip Code 8. 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR TITLE ☐ Delete TITLE ☐ Change Addition CEO NAME SCOTT, STEVEN M M.D. NAME STEVEN GERST, 300 SOUTH PARK ROAD 00 SOUTH PARK RD STREET ADDRESS STREET ADDRESS HŎLLYWOOD, FL CITY-ST-ZIF HOLLYWOOD, FL 33021 CITY-ST-ZIF 33021 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME JAMES M. HOGAN, MD STREET ADDRESS STREET ADDRESS 300 SOUTH PARK RD HOLLYWOOD, FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE VP ☐ Change X☐ Addition TITLE NAME NAME CHASE MARTIN SCOTT STREET ADDRESS STREET ADDRESS 71 COCONUT PALM RD CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33432 TITLE TITLE Delete Change X Addition NAME NAME GERALD M. COHEN STREET ADDRESS STREET ADORESS 300 SOUTH PARK RD HOLLYWOOD, FL 330 CITY - ST - ZIP CITY-ST-7IP 33021 20004672273; 02/17/05--01005--020 \*\* ☐ Delete TITLE ☐ Addition TITLE NAMÉ STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-S1-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify 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 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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. cuel 24 Steven M. Scott, MD. MGR 919-425-1500

NATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE