2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2005
Secretary of State

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Entity Name: PEDRO A. CARMONA, M.D., P.L.C.

Current Principal Place of Business:

951 N. WASHINGTON AVENUE
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

951 N. WASHINGTON AVENUE
TITUSVILLE, FL 32796

New Mailing Address:

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

Name and Address of Current Registered Agent:

CARMONA, PEDRO A M.D.
3880 HIDDEN HILLS DR.
TITUSVILLE, FL 32796 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: CARMONA, PEDRO A M.D.
Address: 951 N. WASHINGTON AVENUE
City-St-Zip: TITUSVILLE, FL 32796

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: PEDRO A. CARMONA M.D. MGRM 02/09/2005

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