

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


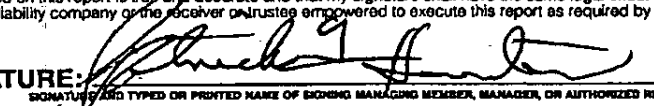
**FILED**  
**Aug 05, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90232 010 \*\*\*\*50.00  
03-15-2004 90429 039 \*\*\*\*50.00

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07122004 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L03000014485</b>					
1. Entity Name PATRICK T. HUNTER, II, M.D., P.L.					
Principal Place of Business LUCERNE MEDICAL PLAZA 100 WEST GORE STREET, SUITE 405 ORLANDO, FL 32806			Mailing Address LUCERNE MEDICAL PLAZA 100 WEST GORE STREET, SUITE 405 ORLANDO, FL 32806		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 20-1442224				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HUNTER, PATRICK T II, MD LUCERNE MEDICAL PLAZA 100 WEST GORE STREET, SUITE 405 ORLANDO, FL 32806			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City FL 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 the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER, PATRICK T II, MD		NAME		
STREET ADDRESS	100 WEST GORE STREET, SUITE 405		STREET ADDRESS		
CITY - ST - ZIP	ORLANDO, FL 32806		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> Date _____ Daytime Phone # _____					