2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90039 002 ****50.00

24053749

04142004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000016103

1. Entity Name
CHOI FAMILY PRACTICE ASSOCIATE LLC

Principal Place of Business
1574 CHERRY LAKE WAY, SEAN CHOI
HEATHROW, FL 32746

Mailing Address
1574 CHERRY LAKE WAY, SEAN CHOI
HEATHROW, FL 32746

2. Principal Place of Business
624 E. Colonial Drive
Suite, Apt. #, etc
City & State
Orlando FL
Zip 32803 Country U.S.A ~~ORANGE~~

3. Mailing Address
Suite, Apt. #, etc
City & State
Zip Country

4. FEI Number
01-0780769
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
CHOI, SEAN
1574 CHERRY LAKE WAY
HEATHROW, FL 32746

7. Name and Address of New Registered Agent
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 4/22/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is $50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition MGRM CHOI, SEAN 1574 CHERRY LAKE WAY HEATHROW, FL 32746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 4/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #