

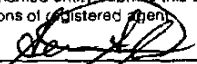
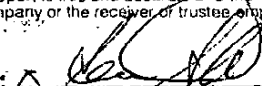
FILED
Apr 26, 2004 8:00 am
Secretary of State

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

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

24053749



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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando FL		City & State	
Zip 32803	Country U.S.A	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 entry 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 a registered agent.			
SIGNATURE 		DATE 4/22/04	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: 		DATE 4/22/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	