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

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

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000016103

1. Entity Name
CHOI FAMILY PRACTICE ASSOCIATE LLC

24053749

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

04142004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
624 E. Colonial Drive	
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Orlando FL	City & State
Zip: 32803 Country: U.S.A ~~ORANGE~~	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 [signature] DATE 4/22/04
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, 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: MGRM NAME: CHOI, SEAN STREET ADDRESS: 1574 CHERRY LAKE WAY CITY-ST-ZIP: HEATHROW, FL 32746	☐ 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: [signature] 4/22/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

P.02

APR-21-2004 05:05 PM