2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2004
Secretary of State

DOCUMENT# L03000016126

Entity Name: ABA FAMILY MEDICINE, LLC

Current Principal Place of Business:

325 CLYDE MORRIS BLVD.
SUITE 320
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

325 CLYDE MORRIS BLVD.
SUITE 320
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 36-4530402 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TORRES, DIEGO T II
305 CLYDE MORRIS BLVD
SUITE 220
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

TORRES, DIEGO T II
325 CLYDE MORRIS BLVD
SUITE 320
ORMOND BEACH, FL 32174 US

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: 03/31/2004
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: TORRES, DIEGO T II
Address: 305 CLYDE MORRIS BLVD SUITE 220
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: TORRES, DIEGO T II
Address: 325 CLYDE MORRIS BLVD SUITE 320
City-St-Zip: ORMOND BEACH, FL 32174

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: DIEGO T. TORRES, II MGRM 03/31/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date