2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE

Jan 29, 2004 08:00 AM DOCUMENT # L03000016275 **Secretary of State** 1. Entity Name WILLIAM F. RYLANDER, M.D., P.L.C. Principal Place of Business Mailing Address 500 N. WASHINGTON AVENUE, SUITE 102 TITUSVILLE FL 32796 500 N. WASHINGTON AVENUE, SUITE 102 TITUSVILLE FL 32796 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt #, etc. MOORE CR2E083 (11/03) City & State City & State 4. FEI Number Applied For Not Applicable Ζιρ Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RYLANDER, WILLIAM F M.D. Street Address (P.O. Box Number is Not Acceptable) 500 N. WASHINGTON AVENUE, SUITE 102 TITUSVILLE FL 32796 City Zip Code FI 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, typod or printed name of registered agent and site if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM TIFLE Defete Change ☐ Addition NAME RYLANDER, WILLIAM F M.D. NAME U00000019697 STREET ADDRESS 500 N WASHINGTON AVENUE, SUITE 102 STREET ADDRESS 01/29/04-80035-022 50.00 CHTY-ST-ZIP TITUSVILLE FL 32796 CITY-ST-ZIP रहरा ह Delete EETLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY - ST - ZIP TATLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-SI-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ACCRESS STREET ADDRESS CHTY-ST-ZIF CITY-ST-ZIP THILE ☐ Delete THLE ☐ Change Maddition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby 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 hability company or the receiver by trustee ergovered to execute this report as required by Chapter 608, Florida Statutes.

NO TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

1-26-04 321-385-0884