

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018705

FILED
Mar 18, 2005
Secretary of State

Entity Name: ACCENT OUTPATIENT FACILITY, LLC

Current Principal Place of Business:

4340 NEWBERRY RD. STE. 301
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

4340 NEWBERRY RD. STE. 301
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 02-0692165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODGERS, LAWRENCE W M.D.
4340 NEWBERRY RD. STE. 301
GAINESVILLE, FL 32607 US

Name and Address of New Registered Agent:

GLOWASKY, ANN L M.D.
4340 NEWBERRY RD. STE. 301
GAINESVILLE, FL 32607 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: ANN L GLOWASKY MD

03/18/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SMITH, LARRY N MD
Address: 4340 NEWBERRY RD STE 301
City-St-Zip: GAINESVILLE, FL 32607

Title: MGR () Delete
Name: RODGERS, LAWRENCE W MD
Address: 4340 NEWBERRY RD STE 301
City-St-Zip: GAINESVILLE, FL 32607

Title: MGR () Delete
Name: MAST, BRUCE A MD
Address: 4340 NEWBERRY RD STE 301
City-St-Zip: GAINESVILLE, FL 32607

Title: MGR () Delete
Name: KERR, BRIAN MD
Address: 4340 NEWBERRY RD STE 301
City-St-Zip: GAINESVILLE, FL 32607

Title: MGR () Delete
Name: GLOWASKY, ANN L MD
Address: 4340 NEWBERRY RD STE 301
City-St-Zip: GAINESVILLE, FL 32607

Title: MGR (X) Delete
Name: DIMITROV, EVA A MD
Address: 4340 NEWBERRY RD STE 301
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MAST, BRUCE A MD
Address: 4340 NEWBERRY RD STE 301
City-St-Zip: GAINESVILLE, FL 32607

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: DIMITROV, EVA A MD
Address: 4340 NEWBERRY RD STE 301
City-St-Zip: GAINESVILLE, FL 32607

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRUCE A MAST MD

MGRM

03/18/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date