

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020172

FILED
Jul 27, 2004
Secretary of State

Entity Name: THOMAS R. FANN, DPM, PL

Current Principal Place of Business:

1120 S.R. 436, STE. 1400
CASSELBERRY, FL 32707

New Principal Place of Business:

1120 S.R. 436
SUITE 1400
CASSELBERRY, FL 32707

Current Mailing Address:

1120 S.R. 436, STE. 1400
CASSELBERRY, FL 32707

New Mailing Address:

1120 S.R. 436
SUITE 1400
CASSELBERRY, FL 32707

FEI Number: 20-0031779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FANN, THOMAS R DPM
1120 S.R. 436, STE. 1400
CASSELBERRY, FL 32707

Name and Address of New Registered Agent:

FANN, THOMAS R DPM
1120 S.R. 436
SUITE 1400
CASSELBERRY, FL 32707

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: _____

Electronic Signature of Registered Agent

07/27/2004

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: FANN, THOMAS R
Address: 1120 S. R. 436 SUITE 1400
City-St-Zip: CASSELBERRY, FL 32707

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: THOMAS R. FANN

DR

07/27/2004

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