


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 25, 2004 8:00 am
Secretary of State

05-03-2004 90124 027 ****50.00

DOCUMENT # L03000020319			
1. Entity Name ROBERT P. ALBERGO, M.D. L.L.C.			
Principal Place of Business 3830 TAMPA ROAD, STE. 300 PALM HARBOR, FL 34684		Mailing Address 3830 TAMPA ROAD, STE. 300 PALM HARBOR, FL 34684	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04162004 Chg-LLC CR2E083 (10/03)		4. FEI Number <u>05-0571089</u> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Registered Agent Robert P. Albergo, M.D. Dermatology 4132 Woodlands Parkway Palm Harbor, Florida 34685		7. Name and Address of New Registered Agent Robert P. Albergo, M.D. Dermatology 4132 Woodlands Parkway Palm Harbor, Florida 34685	
I, the above named entry submits this statement for the purpose of changing his registered office or reg. the obligations of registered agent.			
SIGNATURE <u>[Signature]</u>		DATE	
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	Robert P. Albergo, M.D. Dermatology 4132 Woodlands Parkway Palm Harbor, Florida 34685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>no other</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>manager</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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: <u>[Signature]</u>		Date <u>7/28/04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

03001000



ADDRESS CHANGE

note address change