

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000022130

**FILED**  
**Jan 15, 2004**  
**Secretary of State**

**Entity Name:** LAKE CITY INTERNAL MEDICINE & PRIMARY CARE LLC

**Current Principal Place of Business:**

DR. SRINATH REDDY KOSANAM  
ROUTE 22, BOX 22650  
LAKE CITY, FL 32024

**New Principal Place of Business:**

DR. SRINATH REDDY KOSANAM  
1037 W. US HWY 90., SUITE # 120  
LAKE CITY, FL 32025

**Current Mailing Address:**

DR. SRINATH REDDY KOSANAM  
ROUTE 22, BOX 22650  
LAKE CITY, FL 32024

**New Mailing Address:**

DR. SRINATH REDDY KOSANAM  
ROUTE 22, BOX 22650  
LAKE CITY, FL 32024 US

**FEI Number:** 20-0024442

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOSANAM, SRINATH R DR.  
ROUTE 22, BOX 22650  
LAKE CITY, FL 32024 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

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

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: KOSANAM, SRINATH R PRESIDE  
Address: ROUTE 22 BOX 22650  
City-St-Zip: LAKE CITY, FL 32024 US

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: SKOSANAM

PRES

01/15/2004

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