

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022130

FILED
Jan 07, 2005
Secretary of State

Entity Name: LAKE CITY INTERNAL MEDICINE & PRIMARY CARE LLC

Current Principal Place of Business:

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

New Principal Place of Business:

DR. SRINATH REDDY KOSANAM
1037 W. US HWY 90., SUITE # 120
LAKE CITY, FL 32055 US

Current Mailing Address:

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

New Mailing Address:

DR. SRINATH REDDY KOSANAM
140 SW WOODGRASS GLEN
LAKE CITY, FL 32024 US

FEI Number: 20-0024442

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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:

KOSANAM, SRINATH R DR.
140 SW WOODGRASS GLEN
LAKE CITY, FL 32024 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:

01/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KOSANAM, SRINATH R PRESIDE
Address: 140 SW WOODGRASS GLEN
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: SRINATH REDDY KOSANAM

MGRM

01/07/2005

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