

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000022972

FILED  
Jan 10, 2005  
Secretary of State

**Entity Name:** EMERSON MEDICAL CONSULTANTS, LLC

**Current Principal Place of Business:**

5809 NW 69TH LANE  
GAINESVILLE, FL 32653

**New Principal Place of Business:**

9695 NW 115TH AVENUE  
OCALA, FL 34482 US

**Current Mailing Address:**

5809 NW 69TH LANE  
GAINESVILLE, FL 32653

**New Mailing Address:**

9695 NW 115TH AVENUE  
OCALA, FL 34482

**FEI Number:** 14-1888053

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EMERSON, WILLIAM  
5809 NW 69TH LANE  
GAINESVILLE, FL 32653 US

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

EMERSON, WILLIAM  
9695 NW 115TH AVENUE  
OCALA, FL 34482 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:

01/10/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: EMERSON, WILLIAM  
Address: 5809 NW 69TH LANE  
City-St-Zip: GAINESVILLE, FL 32653

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: EMERSON, WILLIAM  
Address: 9695 NW 115TH AVENUE  
City-St-Zip: OCALA, FL 34482

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: WILLIAM CLAY EMERSON

MGR

01/10/2005

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