


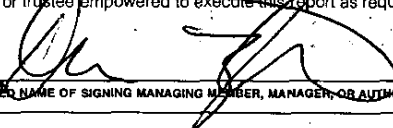
**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90147 008 \*\*\*\*50.00

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<b>DOCUMENT # L03000023082</b>			
1. Entity Name GULF COAST RETINA ASSOCIATES, L.L.C.			
Principal Place of Business 2292 MACKENZIE COURT CLEARWATER, FL 33765		Mailing Address 2292 MACKENZIE COURT CLEARWATER, FL 33765	
2. Principal Place of Business 6325 State Rd 54		3. Mailing Address 6325 State Rd 54	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State New Port Richey, FL		City & State New Port Richey, FL	
Zip 34653	Country USA	Zip 34653	Country
4. FEI Number 41-2104593		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LONDON L. BATES, ESQUIRE 1245 COURT STREET, SUITE 102 CLEARWATER, FL 33756		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	co-tenant by the entities <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dan Montzka	NAME	
STREET ADDRESS	6325 state rd 54	STREET ADDRESS	
CITY-ST-ZIP	New Port Richey FL 34653	CITY-ST-ZIP	
TITLE	co-tenant by the entities <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marianne Montzka	NAME	
STREET ADDRESS	6325 state rd 54	STREET ADDRESS	
CITY-ST-ZIP	New Port Richey, FL 34653	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify 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 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: 		Date: 4-28-04 Daytime Phone #: 727-846-0707	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			