2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 29, 2004
Secretary of State

DOCUMENT# L03000024900

Entity Name: ALLIANCE MEDICAL CONSULTING, L.L.C.

Current Principal Place of Business:

15989 N.E. 15TH PLACE
STARKE, FL 32091

New Principal Place of Business:

Current Mailing Address:

15989 N.E. 15TH PLACE
STARKE, FL 32091

New Mailing Address:

FEI Number: 54-2117646 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOVAY, JOHN C
901 N.W.57TH STREET
GAINESVILLE, FL 32605 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: MGRM ( ) Delete
Name: BAGGARLY, MARK E
Address: 15989 N.E. 15TH PLACE
City-St-Zip: STARKE, FL 32091

Title: MGRM ( ) Delete
Name: HILL, PETER A
Address: 8731 S.W. 57TH COURT ROAD
City-St-Zip: OCALA, FL 34476

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: BAGGARLY, KRISTEN H
Address: 15989 NE 15TH PLACE
City-St-Zip: STARKE, FL 32091

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: MARK E. BAGGARLY MGRM 07/29/2004

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