


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90099 025 ****50.00

DOCUMENT # L03000025297	
1. Entity Name GULF COAST ORTHOPAEDICS & SPORTS SURGERY, P.L.	

Principal Place of Business 600 NOKOMIS AVENUE SOUTH VENICE FL 32485	Mailing Address 600 NOKOMIS AVENUE SOUTH VENICE FL 32485
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2. Principal Place of Business 1511 S. Tamiami Trail	3. Mailing Address 1511 S. Tamiami Trail
Suite, Apt. #, etc. Suite 202	Suite, Apt. #, etc. Suite 202
City & State Venice, FL	City & State Venice, FL
Zip 34285	Country Sarasota



MOORE CR2E083 (11/03)

4. FEI Number 20-0080994		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent LIVINGSTON, ROBERT D JR. 600 NOKOMIS AVENUE SOUTH VENICE FL 32485		7. Name and Address of New Registered Agent Name LIVINGSTON, ROBERT D. JR. Street Address (P.O. Box Number is Not Acceptable) 1511 S. Tamiami Trail, Suite 202 City Venice FL Zip Code 34285

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 **1-23-04**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIVINGSTON, ROBERT D JR. 600 NOKOMIS AVENUE SOUTH VENICE FL 32485 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIVINGSTON, ROBERT D. JR. 1511 S. Tamiami Trail, Suite 202 Venice, FL 34285 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **1-23-04** 941-408-7640

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #