2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State
07-06-2004 90155 019 ****50.00

DOCUMENT # L03000025669

1. Entity Name
OSPREY PHYSICAL MEDICINE CENTER, LLC

Principal Place of Business	Mailing Address
2109 SOUTH TAMIAMI TRAIL OSPREY, FL 34229	2109 SOUTH TAMIAMI TRAIL OSPREY, FL 34229

34010059

07022004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2111 South Tamiami Trail	2111 South Tamiami Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Osprey FL	City & State: Osprey FL
Zip: 34229 Country: USA	Zip: 34229 Country: USA

4. FEI Number: 54-2117631 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MAJERCIN, DAVID M
2109 SOUTH TAMIAMI TRAIL
OSPREY, FL 34229

7. Name and Address of New Registered Agent

Name: David M Majercin
Street Address (P.O. Box Number is Not Acceptable): 2111 South Tamiami Trail
City: Osprey FL Zip Code: 34229

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: [signature] 7-1-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	David M. Majercin 2111 South Tamiami Trail Osprey, FL 34229	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] 7-1-04 941-966-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #