2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

FILED Mar 12, 2004 8:00 am Secretary of State

DOCUMENT # L03000025671 1. Entity Name MED PLAZA, LLC								03-12-200	4 90224	038 ****	50.00
Principal Place of Business Mailing Address							l	•			
200 SOUTH C			200 SOUTH ORANGE AVENUE								
SARASOTA, FI	L 34236		SARASOTA, FL 34236								
2. Principal Place of Business			3. Mailing Address 8871 Fisherwork Bay Dr.								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02062004	Chg-LLC	CR2E0	83 (10/03)	
City & State			City & State			-	4. FEI Numbe 20-0180	0877			plied For t Applicable
Zip		Country	Zip 24231	try	5. Certificate of Status Desired S5.00 Additional Fee Required						
	6. Name	and Address of Current R					7. Name and Address of New Registered Agent				
WACNED	E IOUN	Ш		Name							
WAGNER, E. JOHN III 200 SOUTH ORANGE AVE.			Street Add			ddress (i	ress (P.O. Box Number is Not Acceptable)				
SARASOT	A, FL 342	236									
				City	City Zip Code						
				City					FL		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
										13 3 138	
Filing Fee is \$50.00 Due by May 1, 2004						: :- :-		ke check p a Departm	ayable to ent of State		
9.		MANAGING MEMBER	S/MANAGERS	10.		<u> </u>	Tay	ADDITIONS	/CHANGES	2) (;	
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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 eath; 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.											

Date

Daytime Phone #