

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028542

FILED
Jan 09, 2004
Secretary of State

Entity Name: CBL MEDICAL, L.L.C.

Current Principal Place of Business:

5115 NORTH SOCRUM LOOP ROAD, #296
LAKELAND, FL 33809

New Principal Place of Business:

1402 W. HOLLOWAY RD.
PLANT CITY, FL 33567

Current Mailing Address:

5115 NORTH SOCRUM LOOP ROAD, #296
LAKELAND, FL 33809

New Mailing Address:

1402 W. HOLLOWAY RD
PLANT CITY, FL 33567

FEI Number: 86-1075710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNN, CHRISTOPHER B
5115 NORTH SOCRUM LOOP ROAD, #296
LAKELAND, FL 33809

Name and Address of New Registered Agent:

LYNN, CHRISTOPHER B
1402 W. HOLLOWAY RD
PLANT CITY, FL 33567

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: CHRISTOPHER BARRY LYNN

01/09/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: LYNN, CHRISTOPHER B
Address: 5115 NORTH SOCRUM LOOP ROAD, #296
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LYNN, CHRISTOPHER B
Address: 1402 W. HOLLOWAY RD
City-St-Zip: PLANT CITY, FL 33567

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: CHRISTOPHER BARRY LYNN

MGRM

01/09/2004

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