

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90054 020 \*\*\*\*50.00

**DOCUMENT # L03000029233**

1. Entity Name  
**MURDOCK VILLAGE HEALTH CENTERS, LLC**



Principal Place of Business  
**329 EAST OLYMPIA AVENUE  
PUNTA GORDA, FL 33950**

Mailing Address  
**329 EAST OLYMPIA AVENUE  
PUNTA GORDA, FL 33950**

**DO NOT WRITE IN THIS SPACE**



03072005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**20-0864796**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MCKINLEY, MICHAEL R ESQ.  
18401 MURDOCK CIRCLE  
PORT CHARLOTTE, FL 33948**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GALMAN, MILES E 329 E. OLYMPIA AVE PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DUNN, RANDALL F 329 E. OLYMPIA AVE. PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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

**3-10-05**

Date

**9416398700**

Daytime Phone #