


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90273 019 ****50.00

DOCUMENT # L03000030007							
1. Entity Name PAUL C. CONRAD M.D., LLC							
Principal Place of Business 616 EAST ALTEMONTE DRIVE SUITE 201 ALTAMONTE SPRINGS, FL 32701 US			Mailing Address 2444 LEGACY LAKES DRIVE MAITLAND, FL 32751 US				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	01092004 Chg-LLC CR2E083 (10/03)			
6. Name and Address of Current Registered Agent			4. FEI Number 20-0154840				
CONRAD, PAUL C MD 2444 LEGACY LAKES DRIVE MAITLAND, FL 32751			Applied For				
			7. Name and Address of New Registered Agent			Not Applicable	
			Name			5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
			Street Address (P.O. Box Number is Not Acceptable)				
City			FL		Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CONRAD, PAUL C MD		NAME				
STREET ADDRESS	2444 LEGACY LAKES DRIVE		STREET ADDRESS				
CITY-ST-ZIP	MAITLAND, FL 32751		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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NAME			NAME				
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CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: <i>Paul C. Conrad</i> Paul C. Conrad, M.D.			Date: <i>2-28-04</i>		Daytime Phone #: <i>407-339-7477</i>		