2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State
03-10-2005 90036 043 ****50.00

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02182005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000030007

1. Entity Name
PAUL C. CONRAD M.D., LLC

Principal Place of Business	Mailing Address
616 EAST ALTEMONTE DRIVE SUITE 201 ALTAMONTE SPRINGS, FL 32701 US	2444 LEGACY LAKES DRIVE MAITLAND, FL 32751 US

2. Principal Place of Business	3. Mailing Address
	4095 Belle Meade Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Casselberry, FL
Zip / Country	Zip: 32707-6325 / Country: USA

4. FEI Number: 20-0154840 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CONRAD, PAUL C MD
2444 LEGACY LAKES DRIVE
MAITLAND, FL 32751

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
4095 Belle Meade Ct.

City: Casselberry FL Zip Code: 32707

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONRAD, PAUL C MD 2444 LEGACY LAKES DRIVE MAITLAND, FL 32751 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 4095 Belle Meade Ct. Casselberry, FL 32707-6325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: Paul C. Conrad, M.D. Managing Member 3-4-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #