


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90036 043 ****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
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20019708

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



02182005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0154840	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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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, 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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4095 Belle Meade Ct. Casselberry, FL 32707-6325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

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

Date

Daytime Phone #

3-4-05