

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2004 8:00 am
Secretary of State

05-18-2004 90198 011 ****55.00

DOCUMENT # L03000031114

1. Entity Name
TRI-STATE HEALTHCARE OF KANSAS CITY, LLC



Principal Place of Business
**1111 KANE CONCOURSE, SUITE 301
 BAY HARBOR, FL 33154**

Mailing Address
**1111 KANE CONCOURSE, SUITE 301
 BAY HARBOR, FL 33154**

24076474



2. Principal Place of Business
1680 MICHIGAN AVE
 Suite, Apt. #, etc. **736**

3. Mailing Address
1680 MICHIGAN AVE
 Suite, Apt. #, etc. **736**

04192004 Chg-LLC CR2E083 (10/03)

City & State
MIAMI, BCH, FL

City & State
MIAMI, BCH, FL

Zip
33139

Country
USA

4. FEI Number
01-0795207

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**SPIEGEL & UTRERA, P.A.
 1840 SW 22ND ST.
 4TH FLOOR
 MIAMI, FL 33145**

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

7. Name and Address of New Registered Agent

Name

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 MGR	SHISGUL, BARRY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHISGUL, BARRY	NAME	
STREET ADDRESS	1111 KANE CONCOURSE, SUITE 301	STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR, FL 33154	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHISGUL, BARRY	NAME	
STREET ADDRESS	1111 KANE CONCOURSE, SUITE 301	STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR, FL 33154	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	
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: *Barry Shisgul* **4-30-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #