


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

<b>DOCUMENT # L03000031114</b>		
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
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2. Principal Place of Business 1680 MICHIGAN AVE Suite, Apt. #, etc. 736	3. Mailing Address 1680 MICHIGAN AVE Suite, Apt. #, etc. 736
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04192004 Chg-LLC CR2E083 (10/03)

City & State MIAMI, BCH, FL	City & State MIAMI, BCH, FL
Zip 33139	Zip 33139
Country USA	Country USA

4. FEI Number 01-0795207	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

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

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
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Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State.
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHISGUL, BARRY 1111 KANE CONCOURSE, SUITE 301 BAY HARBOR, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SHISGUL, BARRY 1111 KANE CONCOURSE, SUITE 301 BAY HARBOR, FL 33154 <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: <u>BARRY SHISGUL</u>	Date 4-30-04
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