

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-18-2004 90198 016 ****55.00

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| DOCUMENT # L03000031117 |  |
| 1. Entity Name TRI-STATE HEALTHCARE OF WEST CARROLTON, LLC | |

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| Principal Place of Business 1111 KANE CONCOURSE, SUITE 301 BAY HARBOR, FL 33154 | Mailing Address 1111 KANE CONCOURSE, SUITE 301 BAY HARBOR, FL 33154 |
|---|---|

24076469

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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 |
| City & State MIAMI BCH FL Zip 33139 Country US | City & State MIAMI BCH FL Zip 33139 Country US |



04192004 Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 01-0795234 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____

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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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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 #