

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

05-18-2004 90198 012 \*\*\*\*55.00

**DOCUMENT # L03000031118**

1. Entity Name  
TRI-STATE HEALTHCARE OF ALABASTOR, 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

**24076473**



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  
Zip 33139 Country US

City & State

MIAMI BCH, FL  
Zip 33139 Country US

4. FEI Number

01-0795223

Applied For

Not Applicable

5. Certificate of Status Desired

**\$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

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

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, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME SHISGUL, BARRY  
STREET ADDRESS 1111 KANE CONCOURSE, SUITE 301  
CITY-ST-ZIP BAY HARBOR, FL 33154

TITLE ST  
NAME SHISGUL, BARRY  
STREET ADDRESS 1111 KANE CONCOURSE, SUITE 301  
CITY-ST-ZIP BAY HARBOR, FL 33154

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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:**

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

Date

Daytime Phone #

4-30-04