2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2004
Secretary of State

DOCUMENT# L03000032568

Entity Name: ENGLEWOOD MEDICAL PROPERTIES, LLC

Current Principal Place of Business:

919 CHICKADEE DRIVE
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

919 CHICKADEE DRIVE
VENICE, FL 34285

New Mailing Address:

FEI Number: 43-2029598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PFAHLER, CHRISTINA
919 CHICKADEE DRIVE
VENICE, FL 34285

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: PFAHLER, CHRISTINA A
Address: 919 CHICKADEE DRIVE
City-St-Zip: VENICE, FL 34285

Title: MGRM ( ) Change (X) Addition
Name: PFAHLER, KENNETH W
Address: 919 CHICKADEE DRIVE
City-St-Zip: VENICE, FL 34285

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHRISTINA PFAHLER MGRM 01/05/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date