
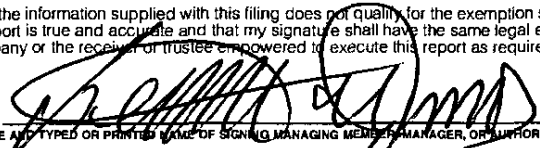


FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90217 021 ****50.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000034874			
1. Entity Name JONES SURGICAL ASSOCIATES, LC			
Principal Place of Business 1800 BARRS STREET 600 JACKSONVILLE, FL 32204 US		Mailing Address 1800 BARRS STREET 600 JACKSONVILLE, FL 32204 US	
2. Principal Place of Business 1820 BARRS ST Suite, Apt. #, etc. 630 City & State JACK, FL Zip 32204 Country USA		3. Mailing Address 1820 BARRS ST Suite, Apt. #, etc. 630 City & State JACK, FL Zip 32204 Country USA	
4. FEI Number 20-0566319		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent AUSTIN, RONALD R ESQ. 1400 PRUDENTIAL DRIVE 1 JACKSONVILLE, FL 32207		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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, KENNETH W M.D. 1004 EDGEWOOD AVENUE JACKSONVILLE, FL 32208 <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	<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: 		Date 03-18-04 Daytime Phone # 904-765-7774	