


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90032 001 ****50.00

DOCUMENT # L03000034986 1. Entity Name CHRISTOPHER E GEERTZ, MD, LLC																													
Principal Place of Business 7609 LAIRD ST PANAMA CITY BEACH, FL 32408 US			Mailing Address 7609 LAIRD ST PANAMA CITY BEACH, FL 32408 US																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		4. FEI Number 80-0076417																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent GEERTZ, CHRISTOPHER E 7609 LAIRD ST PANAMA CITY, FL 32408				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, 2005			Make check payable to Florida Department of State																										
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">MGRM</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GEERTZ, CHRISTOPHER E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7609 LAIRD STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PANAMA CITY BEACH, FL 32408</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Delete	NAME	GEERTZ, CHRISTOPHER E		STREET ADDRESS	7609 LAIRD STREET		CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">7609 LAIRD ST.</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	7609 LAIRD ST.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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SIGNATURE:

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

Date

Daytime Phone #

Christopher E Geertz MD 4/26/05 850-230-6257