


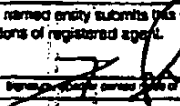

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

08-16-2004 90133 050 *****50.00
FILE# 03000039337

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000039337			
1. Entity Name FLORIDA MEDICAL GROUP LLC			
Principal Place of Business PO BOX 11781 NAPLES FL 34101		Mailing Address PO BOX 11781 NAPLES FL 34101	
2. Principal Place of Business		3. Mailing Address	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For <input checked="" 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		7. Name and Address of New Registered Agent	
SHARMA-H 2250 NORTH ROAD NAPLES FL 34104		Name: BUSINESS SOLUTIONS LLC Street Address (P.O. Box Number is Not Acceptable): 1200 GARDLETTE Rd # 8164 City: Naples FL Zip Code: 34101	
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: 		DATE: 7/04	
<p>FILE NOW! FEES \$80.00 Make Check Payable to Florida Department of State Due By September 8, 2004</p>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete STERLING PO BOX 8164 Naples, FL 34101	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition P.V.S.T.
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
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)(X), 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 808, Florida Statutes.			
SIGNATURE: 		DATE: 7/04 239-513-2438	
SIGNATURE AND TYPED OR PRINTED NAME OF SENIOR MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

Signature of Reg agent