

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039805

FILED
Feb 01, 2005
Secretary of State

Entity Name: JOHN SPENCE, LLC

Current Principal Place of Business:

14722 NW 140TH ST
ALACHUA, FL 32615 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 357606
GAINESVILLE, FL 32635 US

New Mailing Address:

FEI Number: 27-0070018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHYSICIAN ADVISORY GROUP, INC.
500 NW 43RD STREET
SUITE 3
GAINESVILLE, FL 32607 US

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: MGR () Delete
Name: SPENCE, JOHN B
Address: P.O. BOX 357606
City-St-Zip: GAINESVILLE, FL 32635 US

Title: MGR () Delete
Name: HOLCOMB, SHEILA A
Address: P.O. BOX 357606
City-St-Zip: GAINESVILLE, FL 32635 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SHEILA SPENCE

MGR

02/01/2005

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