

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000041068

**FILED**  
**Apr 28, 2004**  
**Secretary of State**

**Entity Name:** THE COLON AND RECTAL CLINIC OF FORT LAUDERDALE, LLC

**Current Principal Place of Business:**

965 N. NOB HILL RD. #408  
PLANTATION, FL 33342

**New Principal Place of Business:**

201 NW 82ND AVE  
302  
PLANTATION, FL 33324

**Current Mailing Address:**

965 N. NOB HILL RD. #408  
PLANTATION, FL 33342

**New Mailing Address:**

**FEI Number:** 20-0690732      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
103 MERIDIAN ST  
TALLAHASSEE, FL 32301      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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: LAGO, CHARLES P MD  
Address: 965 N. NOB HILL ROAD #408  
City-St-Zip: PLANTATION, FL 33342

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: CHARLES P LAGO

MGRM

04/28/2004

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