

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90002 010 \*\*\*\*50.00

**DOCUMENT # L03000043550**

1. Entity Name  
**RANIE W. PENDARVIS, M.D., L.L.C.**



Principal Place of Business  
**3205 COUNTRY CLUB DRIVE  
LYNN HAVEN, FL 32444**

Mailing Address  
**3205 COUNTRY CLUB DRIVE  
LYNN HAVEN, FL 32444**



2. Principal Place of Business

**6217 Fairway Bay Blvd S**  
Suite, Apt. #, etc.

3. Mailing Address

**6217 Fairway Bay Blvd S**  
Suite, Apt. #, etc.

04262004 Chg-LLC CR2E083 (10/03)

City & State

**Gulfport FL**  
Zip **33707** Country

City & State

**Gulfport FL**  
Zip **33707** Country

4. FEI Number

**20-0405220**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PENDARVIS, RANIE W  
3205 COUNTRY CLUB DRIVE  
LYNN HAVEN, FL 32444**

7. Name and Address of New Registered Agent

Name **Pendarvis Ranie W**  
Street Address (P.O. Box Number is Not Acceptable)  
**6217 Fairway Bay Blvd S**  
City **Gulfport** FL Zip Code **33707**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE **MGRM** ☐ Delete  
NAME **PENDARVIS, RANIE W**  
STREET ADDRESS **3205 COUNTRY CLUB DRIVE**  
CITY-ST-ZIP **LYNN HAVEN, FL 32444**

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **Pendarvis, Ranie W**  
STREET ADDRESS **6217 Fairway Bay Blvd S**  
CITY-ST-ZIP **Gulfport FL 33707**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

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

**5/1/04**

Date

**(727) 343-6896**

Daytime Phone #