2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jul 05, 2005 8:00 am Secretary of State 07-05-2005 90094 002 ****50.00 DOCUMENT # L03000044955 **BUCKHORN INVESTMENTS, LLC** 20061299 Principal Place of Business Mailing Address **1827 HARRISON AVENUE 1827 HARRISON AVENUE** BLDG. #1 BLDG. #1 PANAMA CITY, FL 32405 PANAMA CITY, FL 32405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06282005 Chg-LLC CR2E083 (10/03) City & State City & State Applied For 4. FEI Number 20-0444854 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMS, JACK G 502 HARMON AVENUE Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY, FL 32401 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by September 7, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE TITLE President Addition Change Samuel L. Combo, III, MD HARRISON AVENUE MEDICAL COMPLEX. INC. NAME NAME 1827 Harrison Avenue 1827 HARRISON AVENUE, BLDG. #1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32405 CITY-ST-ZIP Panama City FC 32405 Managing Mamber Kenneth W. Smith, DO ☐ Delete TITLE Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS 1827 Harrison Avenue C/TY-ST-ZIP CITY-ST-ZIP Panama City FC 32405 Managing Member Thomas C. Mitchell MD Delete TITI F TITEF ☐ Change Addition NAME NAME 1827 Harrison Avenue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Panama City FC 30405 Managing Member Cory R.Gaiser, DO ☐ Delete TITLE TITLE ☐ Change X Addition NAME 1827 Harrison Avenue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Panama City, FL 32405 Monaging Member Michael C. Noble, MD Delete TITLE ☐ Change **Addition** NAME NAME 1827 Harrison Avenue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Yanama City, FL 32405 Managing Member David R. Dietrich, MD 1827 Harrison Huenra TITI F ☐ Delete TITLE ☐ Chance X Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Panamo City FL 32405 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.

RE: Samuel L. Combs, III MD. GHATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

850:763-4364

ATTACHMENT 2006/1299 4-60000094455

Addition:

Managing Member Rafael M. Williams, MD 1827 Harrison Avenue Panama City, FL 32405