

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90094 002 ****50.00

20061299



DOCUMENT # L03000044955 1. Entity Name BUCKHORN INVESTMENTS, LLC					
Principal Place of Business 1827 HARRISON AVENUE BLDG. #1 PANAMA CITY, FL 32405			Mailing Address 1827 HARRISON AVENUE BLDG. #1 PANAMA CITY, FL 32405		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0444854	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, JACK G 502 HARMON AVENUE PANAMA CITY, FL 32401			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HARRISON AVENUE MEDICAL COMPLEX, INC. 1827 HARRISON AVENUE, BLDG. #1 PANAMA CITY, FL 32405		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Samuel L. Combs, III, MD 1827 Harrison Avenue Panama City, FL 32405	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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: <u>Samuel L. Combs, III, MD</u>			Date: <u>6/30/05</u>		Daytime Phone #: <u>850-763-4364</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

ATTACHMENT

20061299

#L03000644P155

Addition:

Managing Member

Rafael M. Williams, MD

1827 Harrison Avenue

Panama City, FL 32405