2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 13, 2004 8:00 am
Secretary of State

04-29-2004 90071 049 ****50.00

DOCUMENT # L03000047987

1. Entity Name
MY DOCTOR, L.L.C.

Principal Place of Business	Mailing Address
C/O BECKY M. SCOTT 3114 DEL PRADO BLVD. S. CAPE CORA, FL 33904	C/O BECKY M. SCOTT 3114 DEL PRADO BLVD. S. CAPE CORA, FL 33904

2. Principal Place of Business	3. Mailing Address
3114 Del Prado Blvd S	3114 Del Prado Blvd S.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cape Coral, FL	City & State: Cape Coral FL
Zip: 33904 Country: Lee	Zip: 33904 Country: Lee

02042004 Chg-LLC CR2E083 (10/03)

4. FEI Number: 51-0490918 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCOTT, BECKY 3114 DEL PRADO BLVD. S. CAPE CORAL, FL 33904	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Becky M. Scott MGRM ☐ Delete 3114 Del Prado Blvd Cape Coral FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Becky M. Scott Becky M. Scott (managing member) 4/21/04 239-945-6622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #