2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/3/2004-90129-020-$50.00-$50.00

FILED

04 OCT 21 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000048159

1. Entity Name
STRATA MEDICAL SERVICES, LLC

Principal Place of Business	Mailing Address
7344 NW. 5TH ST. PLANTATION, FL 33317	7344 NW. 5TH ST. PLANTATION, FL 33317
new address	New Address
2. Principal Place of Business: 950 S PINE ISLAND RD	3. Mailing Address: 950 S PINE ISLAND RD
Suite, Apt. #, etc.: A150-1074	Suite, Apt. #, etc.: A150-1074
City & State: PLANTATION, FL	City & State: PLANTATION, FL
Zip: 33324 Country: USA	Zip: 33324 Country: USA

04082004 Chg-LLC CR2E088 (10/03)

4. FEI Number: 20-0427721 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

WALKER, GARY
100 S. ASHLEY DR, STE 1500
TAMPA, FL 33602

7. Name and Address of New Registered Agent

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	MANAGING MEMBER RUSSELL MCCLANAHAN 950 S. PINE ISLAND RD A150-1074, PLANTATION FL 33324 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER CHARLES H. ROLLINSON III 950 S. PINE ISLAND RD A150-1074, PLANTATION, FL 33324 ☐ 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
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	10/21 CWS ☐ 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: ______ 4-25-04 954 258-5620

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