


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000049199		
1. Entity Name DIAGNOSTIC MEDICAL PARTNERS, LLC		
Principal Place of Business 18495 US HWY 19N CLEARWATER, FL 33764	Mailing Address 18495 US HWY 19N CLEARWATER, FL 33764	



01272005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0460131	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WINER, SAMUEL
 18495 US HWY 19N
 CLEARWATER, FL 33764

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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 _____

**Filing Fee is \$50.00
 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WINER, SAMUEL MGR 18495 US HWY 19N CLEARWATER, FL 33764
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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)(f), 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: *Sam Winer* Date: 4-28/05 Daytime Phone #: 727-533-8300

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