2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054768

Entity Name: THOMAS J. UMSTEAD, M.D., P.L.C.

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2102 TRINITY OAKS BLVD., STE. 203 1812 HEALTHCARE DRIVE NEW PORT RICHEY, FL 34655 NEW PORT RICHEY, FL 34655

Current Mailing Address: New Mailing Address:

2102 TRINITY OAKS BLVD., STE. 203 1812 HEALTHCARE DRIVE NEW PORT RICHEY, FL 34655 NEW PORT RICHEY, FL 34655

FEI Number: 27-0073243 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

UMSTEAD, THOMAS J M.D.
2102 TRINITY OAKS BLVD., STE. 203
NEW PORT RICHEY, FL 34655 US

UMSTEAD, THOMAS J M.D.
1812 HEALTHCARE DRIVE
NEW PORT RICHEY, FL 34655 US

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.

SIGNATURE: THOMAS UMSTEAD MD 04/27/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name:UMSTEAD, THOMAS JName:UMSTEAD, THOMAS JAddress:2102 TRINITY OAKS BLVD., STE. 203Address:1812 HEALTHCARE DRIVECity-St-Zip:NEW PORT RICHEY, FL 34655City-St-Zip:NEW PORT RICHEY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: THOMAS UMSTEAD MD CEO 04/27/2005