


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000055876	
1. Entity Name JEFF CHICOLA MD - MEDICAL CONSULTING LLC	

Principal Place of Business 4225 MONTALVO DR PENSACOLA FL 32504	Mailing Address 4225 MONTALVO DR PENSACOLA FL 32504
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/04)

4. FEI Number 73-1688367 ☐ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent CHICOLA, JEFF MD 4225 MONTALVO DR PENSACOLA FL 32504
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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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHICOLA, JEFF MD 4225 MONTALVO DR PENSACOLA FL 32504 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHICOLA, JAN 4225 MONTALVO DR PENSACOLA FL 32504 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U000000206519 02/01/05-80003-006 50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Jeff Chicola MD 1/25/2005 850 9823797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #