

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000056822</b> 1. Entity Name <b>GHOA DISABILITY, LLC</b>					
Principal Place of Business <b>1147 NW 64TH TERRACE GAINESVILLE, FL 32605</b>			Mailing Address <b>1147 NW 64TH TERRACE GAINESVILLE, FL 32605</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <span style="float: right;">Applied For</span> <span style="float: right;">Not Applicable</span>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01132004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>STECHMILLER, BRUCE K MD 1147 NW 64TH TERRACE GAINESVILLE, FL 32605</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 rehashing) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STECHMILLER, BRUCE K		NAME		
STREET ADDRESS	1147 NW 64TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MONTOKA, VERNON		NAME		
STREET ADDRESS	1147 NW 64TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BHATIA, ANDRES		NAME		
STREET ADDRESS	1147 NW 64TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DE LA PUERTA, MANUEL		NAME		
STREET ADDRESS	1147 NW 64TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32605		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE: X</b> <i>Bruce Stechmiller MD</i>			<b>JAN 26, 2004</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		