

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 20, 2005  
Secretary of State**

DOCUMENT# L04000012734

Entity Name: RIDGE MANOR FAMILY MEDICINE, L.L.C.

**Current Principal Place of Business:**

C/O 31158 CORTEZ BOULEVARD  
BROOKSVILLE, FL 34602

**New Principal Place of Business:**

**Current Mailing Address:**

C/O 31158 CORTEZ BOULEVARD  
BROOKSVILLE, FL 34602

**New Mailing Address:**

FEI Number: 06-1716729      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BAXLEY, MILTON H II  
C/O 1929 N.W. 12TH TERRACE  
GAINESVILLE, FL 32609 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: JOHNSON, PHILLIP  
Address: 31158 CORTEZ BLVD  
City-St-Zip: BROOKSVILLE, FL 34602

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: PHILLIP JOHNSON

MGRM

04/20/2005

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date