

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016950

FILED
Feb 16, 2005
Secretary of State

Entity Name: CHOICE CARE OF VENICE, PLLC

Current Principal Place of Business:

867 MACAW
VENICE, FL 34292

New Principal Place of Business:

1455 E. VENICE AVE
SUITE 211
VENICE, FL 34292

Current Mailing Address:

802 11TH ST. WEST
BRADENTON, FL 34205

New Mailing Address:

PO BOX 2178
VENICE, FL 34284

FEI Number: 20-0845732

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLALOCK, WALTERS, HELD & JOHNSON, P.A.
802 11TH ST. WEST
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

STAPE, JAMES A
867 MACAW CIRCLE
VENICE, FL 34292 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: JAMES STAPE

02/16/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

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

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: LYON, ANTHONY G MD
Address: 867 MACAW CIRCLE
City-St-Zip: VENICE, FL 34292 US

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: ANTHONY G. LYON MD

MGMR

02/16/2005

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