2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2005
Secretary of State

DOCUMENT# L04000019485

Entity Name: LAKE GRAY FAMILY PHYSICIANS, L.L.C.

Current Principal Place of Business:

8102 BLANDING BLVD., SUITE 14
JACKSONVILLE, FL 32244

New Principal Place of Business:

6142 COLLINS ROAD
JACKSONVILLE, FL 32244

Current Mailing Address:

8102 BLANDING BLVD., SUITE 14
JACKSONVILLE, FL 32244

New Mailing Address:

6142 COLLINS ROAD
JACKSONVILLE, FL 32244

FEI Number: 54-2147559 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JAMES, ROBERT A
8102 BLANDING BLVD., SUITE 14
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

JAMES, ROBERT A
6142 COLLINS ROAD
JACKSONVILLE, FL 32244 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: _____ 07/12/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: JAMES, ROBERT A
Address: 8102 BLANDING BLVD., SUITE 14
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: JAMES, ROBERT A
Address: 6142 COLLINS ROAD
City-St-Zip: JACKSONVILLE, FL 32244

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: ROBERT JAMES MGRM 07/12/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date