

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 19, 2005 8:00 am**  
**Secretary of State**


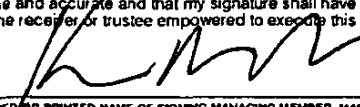
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1st MOORE

CR2E083 (10/04)

<b>DOCUMENT # L04000021766</b>					
1. Entity Name <b>KAREN FORSYTHE MONROE, M.D., L.L.C.</b>					
Principal Place of Business <b>5341 GRAND BLVD., SUITE 107 NEW PORT RICHEY FL 34652</b>			Mailing Address <b>5341 GRAND BLVD., SUITE 107 NEW PORT RICHEY FL 34652</b>		
2. Principal Place of Business <b>5411 Grand Blvd</b> Suite, Apt. #, etc. <b>107</b>			3. Mailing Address <b>5411 Grand Blvd</b> Suite, Apt. #, etc. <b>107</b>		
City & State <b>New Port Richey, FL.</b>		City & State <b>New Port Richey, FL.</b>		4. FEI Number <b>47-0939367</b>	
Zip <b>34652</b>	Country <b>USA</b>	Zip <b>34652</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GASSMAN, ALAN S 1245 COURT STREET, SUITE 102 CLEARWATER FL 33756</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>M.D. KAREN F. MONROE 5411 Grand Blvd, St. 107 New Port Richey, FL 34652</b>	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	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: 				Date <b>7-20-05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



ATTACHMENT

30010726

FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State

July 27, 2005

**KAREN FORSYTHE MONROE, M.D., L.L.C.**  
5411 GRAND BLVD  
107  
NEW PORT RICHEY, FL 34652

Subject: **KAREN FORSYTHE MONROE, M.D., L.L.C.**

Reference Number: **L04000021766**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION