

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034819

FILED
Apr 01, 2005
Secretary of State

Entity Name: DEPARTMENT OF HEALTHCARE PRACTICE MANAGEMENT, LLC

Current Principal Place of Business:

11985 SOUTHERN BLVD., STE. 323
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

17166 GULF PINE CIRCLE
WELLINGTON, FL 33414

Current Mailing Address:

11985 SOUTHERN BLVD., STE. 323
ROYAL PALM BEACH, FL 33411

New Mailing Address:

17166 GULF PINE CIRCLE
WELLINGTON, FL 33414

FEI Number: 20-1094224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

GOLDFINGER, DAVID MD
17166 GULF PINE CIRCLE
WELLINGTON, FL 33414 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: DAVID GOLDFINGER, MD

04/01/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CRAMBLETT, SCOTT G
Address: 11985 SOUTHERN BLVD., STE. 323
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: MGR () Delete
Name: GOLDFINGER, DAVID
Address: 11985 SOUTHERN BLVD., STE. 323
City-St-Zip: ROYAL PALM BEACH, FL 33411

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

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

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GOLDFINGER, DAVID MD
Address: 17166 GULF PINE CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: MGR (X) Change () Addition
Name: MARTINEZ, RICARDO L MD
Address: 11691 STONEHAVEN WAY
City-St-Zip: WEST PALM BEACH, FL 33412

Title: MGR () Change (X) Addition
Name: BROWN, GLENNON A MD
Address: 112 SILVER BELL CRESCENT
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: MGR () Change (X) Addition
Name: KUCHCIAK, ANDRZEJ MD
Address: 15771 CEDAR GROVE LANE
City-St-Zip: WELLINGTON, FL 33414

Title: MGR () Change (X) Addition
Name: SMITH, RONALD N MD
Address: 15761 CEDAR GROVE LANE
City-St-Zip: WELLINGTON, FL 33414

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: DAVID GOLDFINGER, MD

MGR

04/01/2005

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