

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035324

FILED  
Apr 04, 2005  
Secretary of State

Entity Name: BLACKWATER MEDICAL LLC

## Current Principal Place of Business:

410 GOVERNMENT AVENUE  
SUITE 1  
VALPARAISO, FL 32580

## New Principal Place of Business:

18 RACETRACK RD NW  
FORT WALTON BEACH, FL 32547 US

## Current Mailing Address:

410 GOVERNMENT AVENUE  
SUITE 1  
VALPARAISO, FL 32580

## New Mailing Address:

18 RACETRACK RD NW  
FORT WALTON BEACH, FL 32547 US

FEI Number: 20-1105074

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLLINS, JAMES F  
410 GOVERNMENT AVENUE  
SUITE 1  
VALPARAISO, FL 32580 US

## Name and Address of New Registered Agent:

COLLINS, JAMES F  
18 RACETRACK RD NW  
FORT WALTON BEACH, FL 32547 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:

04/04/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

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

## ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition  
Name: ABEL, GREGG L MR  
Address: 18 RACETRACK RD NW  
City-St-Zip: FORT WALTON BEACH, FL 32547

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: GREGG L ABEL

MGR

04/04/2005

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