


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90036 010 ****50.00

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|---|---|---|--|--|--|
| DOCUMENT # L04000042551 1. Entity Name DAVID R FULCHER, D.O., LLC | | | |  | |
| Principal Place of Business LOWER KEYS MEDICAL CENTER/ANESTHESIA DEPT. 5900 COLLEGE RD. KEY WEST, FL 33040 | | | | Mailing Address 11886 OSPREY POINTE CIRCLE WELLINGTON, FL 33467 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 17219 Oleander Lane Suite, Apt. #, etc. | | | |
| City & State | | City & State Sugarloaf Key, FL | | 4. FEI Number 03-0542701 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| Zip 33042 | | Country USA | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent FULCHER, ALCIA 11886 OSPREY POINTE CIRCLE WELLINGTON, FL 33467 | | | | 7. Name and Address of New Registered Agent Name: Fulcher, Alycia Street Address (P.O. Box Number is Not Acceptable): 17219 Oleander Lane City: Sugarloaf Key FL Zip Code: 33042 | |
| 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: <i>[Signature]</i> Alycia Fulcher 10 Jan 05 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM FULCHER, DAVID R D.O. 11886 OSPREY POINTE CIRCLE WELLINGTON, FL 33467 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 17219 Oleander Lane Sugarloaf Key, FL 33042 <input checked="" 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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| 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: <i>[Signature]</i> David R. Fulcher, D.O. 1/10/05 305-684-0045 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |