FILED
May 31, 2005 8:00 am
Secretary of State

04-29-2005 90036 039 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

4

DOCUMENT # L04000052438

1. Entity Name
HOWARD MANHOFF, M.D., L.L.C.

Principal Place of Business	Mailing Address
3315 COMMERCIAL WAY SPRING HILL, FL 34606	3315 COMMERCIAL WAY SPRING HILL, FL 34606

03242005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
		5143 Commercial Way	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Spring Hill FL	
Zip	Country	Zip: 34606	Country: USA

4. FEI Number 83-0402815 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BATES, LONDON L 1245 COURT STREET SUITE 102 CLEARWATER, FL 33756	Name: Howard Manhoff MD Street Address (P.O. Box Number is Not Acceptable): 5143 Commercial Way City: Spring Hill FL Zip Code: 34606

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: X Howard A. Manhoff x 4/25/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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	Member Howard A Manhoff 1728 Lenawee Loop #107 New Port Richey FL 34655	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: X Howard A. Manhoff x 4/25/05 x 727-697-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #