

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 16, 2005 8:00 am
Secretary of State

06-16-2005 90093 009 ****50.00

DOCUMENT # L04000053455					
1. Entity Name ESTERO MEDICAL GROUP, LLC					
Principal Place of Business 4324 SILVER FOX DRIVE NAPLES, FL 34119			Mailing Address 4324 SILVER FOX DRIVE NAPLES, FL 34119		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03282005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 75-3164612				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Barcode	
6. Name and Address of Current Registered Agent COLLINS, GREGORY A 4324 SILVER FOX DRIVE NAPLES, FL 34119			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			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 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	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition	
[Empty Row]			Manager member Mgrm Gregory A. Collins 4324 Silver Fox Drive Naples, FL 34119 (GAC)		
[Empty Row]			Member Robert C. Mobann 6489 Greenbush Drive Naples, FL 34108 (GAC)		
[Empty Row]			[Empty Row]		
[Empty Row]			[Empty Row]		
[Empty Row]			[Empty Row]		
[Empty Row]			[Empty Row]		
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: _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		