

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90173 049 ****55.00

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01032005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000055765 1. Entity Name DIANE L. SUTTON, M.D., LLC					
Principal Place of Business 6677 13TH AVENUE N ST PETERSBURG, FL 33710			Mailing Address 6677 13TH AVENUE N ST PETERSBURG, FL 33710		
2. Principal Place of Business 6677 13th AVE. N.		3. Mailing Address 6677 13th avenue N			
Suite, Apt. #, etc. Suite 1 A		Suite, Apt. #, etc. Suite 1A			
City & State St. Petersburg, FL		City & State St. Petersburg, FL			
Zip 33710		Country USA		Zip 33710	
Country USA		4. FEI Number 38-3711048			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SUTTON, DIANE L 6677 13TH AVENUE N ST PETERSBURG, FL 33710			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6677 13th avenue N. Suite 1A City St. Petersburg FL Zip Code 33710		
B. 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 <u><i>Diane L. Sutton</i></u> <u><i>Diane L. Sutton</i></u> <u><i>2-16-05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	MGR SUTTON, DIANE L 6677 13TH AVENUE N ST PETERSBURG, FL 33710	MGR <i>address only</i> SUTTON, Diane L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6677 13th avenue N. Suite 1A ST. PETERSBURG, FL 33710			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Diane L. Sutton</i></u> <u><i>Diane L. Sutton</i></u> <u><i>2-16-05 (727) 345-7600</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					