

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90106 009 \*\*\*\*55.00

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<b>DOCUMENT # L04000061239</b>			
1. Entity Name <b>BIG BEND MEDICAL PARK, LLC</b>			
Principal Place of Business 731 S. PARSONS AVENUE BRANDON, FL 33511		Mailing Address 731 S. PARSONS AVENUE BRANDON, FL 33511	
2. Principal Place of Business 27001 U.S. Hwy 19 N		3. Mailing Address 27001 U.S. Hwy 19N	
Suite, Apt. #, etc. <b>Suite 2095</b>		Suite, Apt. #, etc. <b>Suite 2095</b>	
City & State <b>Clearwater, FL</b>		City & State <b>Clearwater, FL</b>	
Zip <b>33761</b>	Country <b>Pinellasa</b>	Zip <b>33761</b>	Country <b>Pinellas</b>
4. FEI Number <b>20-1511657</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STEIN, JERRY N 731 S. PARSONS AVENUE BRANDON, FL 33511		Name <b>David Scher</b> Street Address (P.O. Box Number is Not Acceptable) <b>27001 U.S. Hwy 19 N, Suite 2095</b> City <b>Clearwater</b> <b>FL</b> Zip Code <b>33761</b>	
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 <b>David Scher</b> <small>Signature, typed or printed name of registered agent, if applicable.</small>		DATE <b>4/18/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Stein-Whitehead MGRM</b> <input type="checkbox"/> Delete <b>27001 US Hwy 19 N Suite 2095</b> <b>Clearwater, FL 33761</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MEMBER</b> <input type="checkbox"/> Delete <b>Big Bend Investments LLC</b> <b>27001 US Hwy 19 N Suite 2095</b> <b>Clearwater, FL 33761</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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
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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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
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.			
<b>SIGNATURE:</b> 		<b>David Scher</b>	<b>4/18/05</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small> <b>(727) 796-1077</b>