

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063576

FILED
May 06, 2005
Secretary of State

Entity Name: FLORIDA PHYSICAL MEDICINE II, L.L.C.

Current Principal Place of Business:

56 SIXTH STREET NW
LARGO, FL 33770

New Principal Place of Business:

721 DR. MLK ST. SOUTH
ST PETERSBURG, FL 33705

Current Mailing Address:

56 SIXTH STREET NW
LARGO, FL 33770

New Mailing Address:

721 DR. MLK ST SOUTH
ST. PETERSBURG, FL 33705

FEI Number: 42-1642800 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ALEPA, CHRISTOPHER J
2200 WEST BAY DRIVE
LARGO, FL 33770 US

Name and Address of New Registered Agent:

WYCKOFF, STEVE
2200 WEST BAY DRIVE
ST PETERSBURG, FL 33705 US

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.

SIGNATURE: STEVE WYCKOFF

05/06/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ALEPA, CHRISTOPHER J
Address: 2200 WEST BAY DRIVE
City-St-Zip: LARGO, FL 33770

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WYCKOFF, STEVE
Address: 721 DR. MLK ST
City-St-Zip: ST. PETERSBURG, FL 33705

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: STEVE WYCKOFF

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05/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date