

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063601

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: PATIENTDOC, LLC

**Current Principal Place of Business:**

5042 WESLEY DR  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

5042 WESLEY DR  
TAMPA, FL 33647

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THOMAS, ISAAC  
5042 WESLEY DR  
TAMPA, FL 33647    US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title:                      MGR                      ( ) Delete  
Name:                      THOMAS, THOMAS  
Address:                      3457 SHORELINE CIRC.  
City-St-Zip:                      PALM HARBOR, FL 33684

Title:                      MGR                      ( ) Delete  
Name:                      THOMAS, ISAAC  
Address:                      5042 WESLEY DR  
City-St-Zip:                      TAMPA, FL 33647

Title:                      MGR                      (X) Delete  
Name:                      ABBU, HAROON  
Address:                      19206 IVY OAK WAY  
City-St-Zip:                      TAMPA, FL 33647

**ADDITIONS/CHANGES:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ISAAC THOMAS

MGR

04/28/2005

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