


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90285 041 ****50.00

| | |
|---|---|
| DOCUMENT # L04000064708 |  |
| 1. Entity Name MD ASSOCIATES OF SRQ, LLC | |

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| Principal Place of Business C/O JOHN A. MORAN 22 SOUTH LINKS AVENUE, SUITE 300 SARASOTA, FL 34236 | Mailing Address C/O JOHN A. MORAN P.O. BOX 3948 SARASOTA, FL 34230-3948 |
|--|--|

20024960



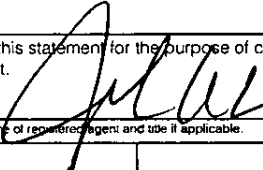
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|---|---------------------|
| 2. Principal Place of Business c/o John A. Moran | 3. Mailing Address |
| Suite, Apt. #, etc. 1990 Main St., Ste. 700 | Suite, Apt. #, etc. |
| City & State Sarasota, FL | City & State |
| Zip 34236 | Country U.S. |

03242005 Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 27-0102129 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent MORAN, JOHN A 22 SOUTH LINKS AVENUE, SUITE 300 SARASOTA, FL 34236 | |
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| 7. Name and Address of New Registered Agent | |
| Name (Same) | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| 1990 Main Street, Suite 700 | |
| City Sarasota | FL Zip Code 34236 |

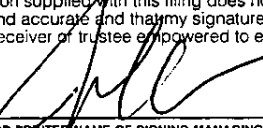
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|---|-----------------|
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE  | DATE 3/24/05 |

**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 DUNLAP, SCOTT W 22 SOUTH LINKS AVENUE, SUITE 300 SARASOTA, FL 34236 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1990 Main Street, Suite 700 Sarasota, FL 34236 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MORAN, JOHN A 22 SOUTH LINKS AVENUE, SUITE 300 SARASOTA, FL 34236 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1990 Main Street, Suite 700 Sarasota, FL 34236 |
| 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.

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| SIGNATURE:  John A. Moran | Manager 3/24/05 | 941/366-0115 |
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