

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90019 008 \*\*\*\*50.00

**DOCUMENT # L04000071170**

1. Entity Name  
**MEDICAL CONDOS USA, LLC**



Principal Place of Business  
11202 ST. JOHNS INDUSTRIAL PARKWAY  
SUITE #1  
JACKSONVILLE, FL 32246

Mailing Address  
11202 ST. JOHNS INDUSTRIAL PARKWAY  
SUITE #1  
JACKSONVILLE, FL 32246

**20029743**



2. Principal Place of Business

**3740 St. John's Bluff Rd**  
Suite, Apt. #, etc.  
**#16**

3. Mailing Address

**3740 St. John's Bluff Rd**  
Suite, Apt. #, etc.  
**#16**

03092005 Chg-LLC CR2E083 (10/03)

City & State  
**Jacksonville, FL**

City & State  
**Jacksonville, FL**

4. FEI Number

Applied For  
☒ Not Applicable

Zip  
**32224** Country  
**USA**

Zip  
**32224** Country  
**USA**

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BLACKBURN, DENNIS L**  
5150 BELFORT ROAD SOUTH  
BUILDING 500  
JACKSONVILLE, FL 32256

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
WALSHAW, LARRY E  
11202 ST. JOHNS INDUSTRIAL PARKWAY  
JACKSONVILLE, FL 32246 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BRADY, JAMES G  
11202 ST. JOHNS INDUSTRIAL PARKWAY  
JACKSONVILLE, FL 32246 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
Walshaw, Larry E.  
3740 St. John's Bluff Rd. #16  
Jacksonville, FL 32224 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
Brady, James G  
3740 St. John's Bluff Rd #16  
Jacksonville, FL 32224 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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: James Brady James Brady, Mgr 4/8/05 904-928-4099  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #