2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2005
Secretary of State

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Entity Name: ORANGE CITY MEDICAL ASSOCIATES, LLC

Current Principal Place of Business:

740 W. PLYMOUTH AVE.
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

740 W. PLYMOUTH AVE.
DELAND, FL 32720

New Mailing Address:

FEI Number: 59-3787586 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLLMANN, MARK W M.D.
740 W. PLYMOUTH AVE.
DELAND, FL 32720 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:	MGRM ( ) Delete
Name:	HOOD, TOYCE M.D.
Address:	740 W. PLYMOUTH AVE.
City-St-Zip:	DELAND, FL 32720
Title:	MGRM ( ) Delete
Name:	HOLLMANN, MARK W M.D.
Address:	740 W. PLYMOUTH AVE.
City-St-Zip:	DELAND, FL 32720
Title:	MGRM ( ) Delete
Name:	DENOFF, FRANKL L M.D.
Address:	740 W. PLYMOUTH AVE.
City-St-Zip:	DELAND, FL 32720
Title:	MGRM ( ) Delete
Name:	REEDFF, STEPHEN M M.D.
Address:	740 W. PLYMOUTH AVE.
City-St-Zip:	DELAND, FL 32720
Title:	MGRM ( ) Delete
Name:	LAVOIE, STEPHANE M.D.
Address:	740 W. PLYMOUTH AVE.
City-St-Zip:	DELAND, FL 32720
Title:	MGRM ( ) Delete
Name:	PAUL, HARLAN L
Address:	142 EAST NEW YORK AVE.
City-St-Zip:	DELAND, FL 32724

ADDITIONS/CHANGES:

Title:	MGRM (X) Change ( ) Addition
Name:	HOOD, ROYCE E M.D.
Address:	740 W. PLYMOUTH AVE.
City-St-Zip:	DELAND, FL 32720
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	MGRM (X) Change ( ) Addition
Name:	DENOFF, FRANK L M.D.
Address:	740 W. PLYMOUTH AVE.
City-St-Zip:	DELAND, FL 32720
Title:	MGRM (X) Change ( ) Addition
Name:	REED, STEPHEN M M.D.
Address:	740 W. PLYMOUTH AVE.
City-St-Zip:	DELAND, FL 32720
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: MARK W HOLLMANN, MD MCRM 03/07/2005

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