


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 14, 2005 8:00 am
Secretary of State

09-14-2005 90072 014 ****50.00

| | | | | | |
|---|--|---|---|--|--|
| DOCUMENT # L04000082074 1. Entity Name STEPHENS RESERVE CARE, LLC | | | |  | |
| Principal Place of Business 2700 RIVERSIDE AVE., SUITE 7 JACKSONVILLE, FL 32205 | | | Mailing Address 2700 RIVERSIDE AVE., SUITE 7 JACKSONVILLE, FL 32205 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 20-1878616 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent STEPHENS, MICHAEL A M.D. 2700 RIVERSIDE AVE., SUITE 7 JACKSONVILLE, FL 32205 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by September 7, 2005 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM STEPHENS, MICHAEL L M.D. 2700 RIVERSIDE AVE., SUITE 7 JACKSONVILLE, FL 32205 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
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| 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: _____ 9/13/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | | | |

20068156



07062005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-1878616** Applied For Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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SIGNATURE: _____ **9/13/05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #