2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005
Secretary of State

DOCUMENT# L04000089709

Entity Name: PALMS MEDICAL PROPERTIES, LLC

Current Principal Place of Business:

237 NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

Current Mailing Address:

237 NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

FEI Number: 20-2003707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NULAND, CHRISTPHER L
1000 RIVERSIDE AVENUE STE. 115
JACKSONVILLE, FL 32204 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:	METCHICK, LEE N M.D	
Address:	237 NORTH CAUSEWAY	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	
Title:	MGRM	( ) Delete
Name:	METCHICK, HEATHER M M.D	
Address:	237 NORTH CAUSEWAY	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	
Title:	MGRM	( ) Delete
Name:	MURPHY, CHRISTOPHER B DPM	
Address:	237 NORTH CAUSEWAY	
City-St-Zip:	NEW SMYRNA BEACH, FL 32169	

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: LEE N. METCHICK, MD MGRM 04/15/2005

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