


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 13, 2005 8:00 am
Secretary of State

04-19-2005 90009 037 ****50.00

DOCUMENT # L04000092131	
1. Entity Name B & M ENTERPRISES, L.L.C.	

Principal Place of Business 70 WESTSIDE FAMILY MEDICINE 6715 HIGHWAY 98 WEST PENSACOLA FL 32506	Mailing Address 70 WESTSIDE FAMILY MEDICINE 6715 HIGHWAY 98 WEST PENSACOLA FL 32506
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E083 (10/04)

4. FEI Number 202068969	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired 5 \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent G&L AGENT SERVICES, INC. ATTN: PRESIDENT 390 NORTH ORANGE AVENUE, SUITE 600 ORLANDO FL 32801		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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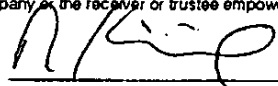
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable	DATE
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS		10. MANAGING MEMBERS / MANAGERS CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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: 	Robert L. Kincaid, M.D.	Date 4/12/05 (8:00) 45362737
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