2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

2/8

FILED
Apr 06, 2007 8:00 am
Secretary of State
02-08-2007 90144 042 ****50.00

DOCUMENT # L06000107409

1. Entity Name

GEORGE E. STEWART II, MD LLC

Principal Place of Business	Mailing Address
1800 SE 17TH ST. #300 OCALA FL 34471	1800 SE 17TH ST. #300 OCALA FL 34471

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
1500 SE Magnolia Ext.		1500 SE Magnolia Ext	
Suite, Apt. #, etc. 203		Suite, Apt. #, etc. 203	
City & State Ocala, FL		City & State Ocala, FL	
Zip 34471	Country USA	Zip 34471	Country USA

4. FEI Number ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

STEWART, GEORGE E II, MD
1800 SE 17TH ST. #300
OCALA FL 34471

7. Name and Address of New Registered Agent

Name Stewart II, George E
Street Address (P.O. Box Number is Not Acceptable) 1500 SE Magnolia Ext, Ste. 203
City Ocala FL Zip Code 34471

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 G. Edward Stewart II, MD
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	manager Julie Stull 1800 SE 17th St. #300 Ocala, FL 34471	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager G. Edward Stewart II MD 1800 SE 17th St. #300 Ocala, FL 34471	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager G. Edward Stewart II, MD 1500 SE Magnolia Ext. Suite 203 Ocala, FL 34471	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 exemptions contained in Section 119, 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: G. Edward Stewart II, MD 352-622-1126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #