

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L94000000385

FILED
Apr 20, 2005
Secretary of State

Entity Name: WEST FLORIDA MEDICAL INVESTMENT COMPANY, L.C.

Current Principal Place of Business:

34156 US 19 N
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

34156 US 19 N
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 59-3255492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRELL, C. RANDALL M.D.
34156 U.S. 19 NORTH
PALM HARBOR, FL 34684 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: MGR () Delete
Name: HARRELL, RANDALL
Address: 34156 US 19 N
City-St-Zip: PALM HARBOR, FL 34684

Title: D () Delete
Name: HARRELL, MARISSA A
Address: 34156 US 19 N
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: HARRELL, MARISSA A
Address: 34156 US 19 N
City-St-Zip: PALM HARBOR, FL 34684

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: MARISSA A HARRELL

MGR

04/20/2005

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