

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000176

FILED
Mar 17, 2004
Secretary of State

Entity Name: SOUTHEAST ACUTE SERVICES, L.C.

Current Principal Place of Business:

7061 CYPRESS ROAD
SUITE 104
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

7061 CYPRESS ROAD
SUITE 104
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 65-0660475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURRIER, VICKI
7061 CYPRESS ROAD
SUITE 104
PLANTATION, FL 33317 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: KRU MEDICAL VENTURES, , LLC
Address: 7061 CYPRESS ROAD
City-St-Zip: PLANTATION, FL 33317

Title: MGR () Delete
Name: SPIRA, LAWRENCE M.D.
Address: 7061 CYPRESS ROAD
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES:

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: LAWRENCE SPIRA

DR.

03/17/2004

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