
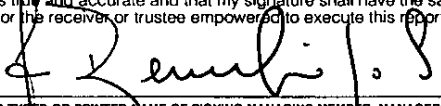


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 07, 2005 8:00 am
Secretary of State

07-07-2005 90099 019 ****50.00

DOCUMENT # L98000001807 1. Entity Name BELLE GLADE FAMILY MEDICAL CLINIC L.C.					
Principal Place of Business 371 SOUTH MAIN ST. BELLE GLADE, FL 33430			Mailing Address 371 SOUTH MAIN ST. BELLE GLADE, FL 33430		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 17676 64th Place N. Suite, Apt. #, etc.			
City & State Zip		City & State Loxahatchee, FL Zip Florida		Country USA	
4. FEI Number 65-0851615				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPRINKLE, PHILIP M II 777 SOUTH FLAGLER DR., SUITE 900 PHILLIPS POINT, EAST TOWER WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RENGIFO, FRANCISCO 17676 64TH PLACE N LOXAHATCHEE, FL 33470		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date 07-05-05 Daytime Phone # 1561 795-6721		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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