


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 06, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000003305 1. Entity Name CONCEPT MEDICAL REALTY, L.C.	
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Principal Place of Business 2290 10TH AVENUE N., SUITE 101 LAKE WORTH, FL 33461-6609	Mailing Address 15823 72ND DR N PALM BEACH GARDENS, FL 33418
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04232004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0890511	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MCCRACKEN, JOHN B 505 SOUTH FLAGLER DRIVE, SUITE 1100 WEST PALM BEACH, FL 33401
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IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEIPPER, WARREN 2290 10TH AVENUE N., SUITE 101 LAKE WORTH, FL 334616609
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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)(f), 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: <u>Warren Keipper</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING/MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date <u>5/4/04</u> <small>Date</small>	561-478-9828 <small>Daytime Phone #</small>