2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2005
Secretary of State

DOCUMENT# L98000003305

Entity Name: CONCEPT MEDICAL REALTY, L.C.

Current Principal Place of Business:

2290 10TH AVENUE N., SUITE 101
LAKE WORTH, FL 334616609

New Principal Place of Business:

15823 72ND DRIVE NORTH
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

15823 72ND DR N
PALM BEACH GARDENS, FL 33418

New Mailing Address:

15823 72ND DRIVE NORTH
PALM BEACH GARDENS, FL 33418

FEI Number: 65-0890511 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCRACKEN, JOHN B
505 SOUTH FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401 US

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: JOHN B. MCCRACKEN, MANAGER 03/08/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: KEIPPER, WARREN
Address: 2290 10TH AVENUE N., SUITE 101
City-St-Zip: LAKE WORTH, FL 334616609

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KEIPPER, WARREN C
Address: 15823 72ND DRIVE NORTH
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: WARREN C. KEIPPER MGR 03/08/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date