


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000003382

1. Entity Name
MANUEL G. JAIN, M.D., L.L.C.



| | |
|---|---|
| Principal Place of Business 105 S. DIXIE DRIVE HAINES CITY, FL 33844 | Mailing Address 105 S. DIXIE DRIVE HAINES CITY, FL 33844 |
|---|---|

DO NOT WRITE IN THIS SPACE



01122004No Chg-LLC CR2E083 (10/03)

| | |
|---|--|
| 4. FEI Number 59-3557527 | 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

**JAIN, MANUEL G
 1488 N. LAKE MIRROR DR., NW
 WINTER HAVEN, FL 33880**

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I, 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when resigning.

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

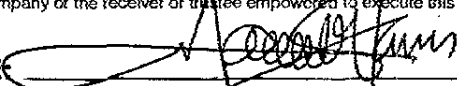
000000053963
 02/16/04-80153-008 50.00

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM JAIN, MANUEL G 1488 N. LAKE MIRROR DR., NW WINTER HAVEN, FL 33880 |
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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 

Feb 9, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #