
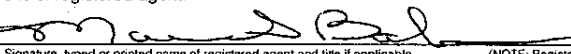
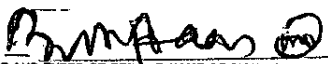


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-23-2004 90150 024 \*\*\*150.00

DOCUMENT # L99000002602					
1. Entity Name HAAS MEDICAL ASSOCIATES, LC					
Principal Place of Business 510 LONGMEADOW STREET CELEBRATION, FL 34747			Mailing Address 510 LONGMEADOW STREET CELEBRATION, FL 34747		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07192004 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number 59-3581105	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DULIN, RAMSEY W ESQUIRE 201 E. PINE STREET, SUITE 425 ORLANDO, FL 32801			7. Name and Address of New Registered Agent		
			Name MARCIA S. BAYONE		
			Street Address (P.O. Box Number is Not Acceptable) 4060 GREENWATER DR		
			City ORLANDO		
			FL		Zip Code 32804
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 				DATE 7/17/04	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
<b>Filing Fee is \$50.00 Due by September 8, 2004</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAS, BRIAN			NAME	
STREET ADDRESS	510 LONGMEADOW STREET			STREET ADDRESS	
CITY-ST-ZIP	CELEBRATION, FL 34747			CITY-ST-ZIP	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAAS, DIANNE C			NAME	
STREET ADDRESS	510 LONGMEADOW STREET			STREET ADDRESS	
CITY-ST-ZIP	CELEBRATION, FL 34747			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: 7/17/04 (407) 291-6400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				DATE Daytime Phone #	

Attachment 24080607

#L99000002602

HAAS MEDICAL ASSOCIATES, LC

REQUEST OF ABATEMENT OF PENALTY DUE TO REASONABLE CAUSE  
7/17/04

COMPANY HEREBY REQUESTS ABATEMENT OF PENALTY DUE TO REASONABLE CAUSE. COMPANY RELIED ON LEGAL COUNSEL FOR SUBMISSION OF FORM. IN ADDITION COMPANY NEVER RECEIVED POSTCARD. REQUEST FOR ABATEMENT IS RESPECTFULLY MADE DUE TO REASONABLE CAUSE.