


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000007226 1. Entity Name COCONUT CREEK PHYSICIANS, P.L.	
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Principal Place of Business 3880 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33066	Mailing Address 3880 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33066
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DO NOT WRITE IN THIS SPACE



01232004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0958084	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

**KORNBERG, JOEL M.D.
7301-A WEST PALMETTO PARK ROAD, SUITE 305C
BOCA RATON, FL 33433**

**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reinstating DATE

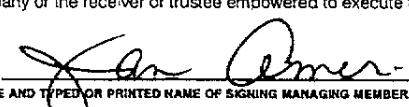
**Filing Fee is \$50.00
Due by May 1, 2004**

000000048649
02/12/04-80089-007 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR ANGELILLO, MICHAEL M.D. 3880 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33066
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR FLIGNOR, WILLIAM M.D. 3880 COCONUT CREEK PARKWAY COCONUT CREEK, FL 33066
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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)(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:  **2-9-04 954-973-9666**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #