

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L99000008999

1. Entity Name

GLACIER MEDICAL LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT -5 PM 1:43

Principal Place of Business

13014 N. DALE MABRY, SUITE 319
TAMPA FL 33618

Mailing Address

13014 N. DALE MABRY, SUITE 319
TAMPA FL 33618

2. Principal Place of Business

13014 N. Dale Mabry

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 319

City & State

Tampa FL

City & State

Zip

33618

Country

USA

Zip

Country



MOORE

CR2E083 (4/04)

4. FEI Number

59-3653680

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER & ASSOCIATES, P.L.C
3302 AZEELE ST STE 200
TAMPA FL 33609

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2004

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME POWELL, RICHARD R
STREET ADDRESS 13014 N. DALE MABRY, SUITE 319
CITY-ST-ZIP TAMPA FL 33618

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 500041654325
CITY-ST-ZIP 10/06/04--01056--003 **50.00

TITLE ☐ Change ☐ Addition
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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:

Richard R. Powell MGR

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

Date

Daytime Phone #