

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90077 037 \*\*\*\*50.00

**DOCUMENT # M01000001666**

1. Entity Name  
ICC HEALTH MANAGEMENT, L.L.C.



Principal Place of Business  
32700 U.S. HIGHWAY 19 NORTH  
PALM HARBOR, FL 34684

Mailing Address  
32700 U.S. HIGHWAY 19 NORTH  
PALM HARBOR, FL 34684



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03302004

Chg-LLC

CR2E083 (10/03)

4. FEI Number  
72-1455918

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

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

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

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
PLANES, WILLIAM SR.  
854 CYPRESS LAKE VIEW CT.  
TARPON SPRINGS, FL 34689 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Asst. Secretary & Treas.  
Deborah Noll  
4168 Amber Lane  
Palm Harbor, FL 34685 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
PLANES, WILLIAM II  
4775 COLLINS AVE., #1505  
MIAMI BEACH, FL 33140 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
William Planes, II  
32700 U.S. Hwy. 19 N.  
Palm Harbor, FL 34684 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
PLANES, REGINA M  
854 CYPRESS LAKE VIEW CT.  
TARPON SPRINGS, FL 34689 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
PALLOS, STEVE E  
10000 U.S. HWY. 98 NO. #972  
LAKELAND, FL 33809 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
KEEN, JAMES W  
3520 NW 89TH WAY  
HOLLYWOOD, FL 33024 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
WHITE, LANGFRED W  
2094 ASHBURY DR.  
CLEARWATER, FL 33764 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

*Langfred W White* *is SVP/Mgr*

*4/23/2004*

*727.281.9885*