# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 23, 2004**
**Secretary of State**

DOCUMENT# M03000001744

**Entity Name:** MOLD PHYSICIANS LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

3832 CHURCH RD
MT LAUREL, NJ 08054

**New Principal Place of Business:**

**Current Mailing Address:**

3832 CHURCH RD
MT LAUREL, NJ 08054

**New Mailing Address:**

**FEI Number: 14-1879209** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLLINS, JOSEPH III
1610 NW 3RD ST
DEERFIELD BCH, FL 33442 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete
Name: COLLINS, JOSEPH JR
Address: 3832 CHURCH RD
City-St-Zip: MT LAUREL, NJ 08054

Title: MGRM (X) Delete
Name: KLUKIEWSKI, MICHAEL
Address: 3832 CHURCH RD
City-St-Zip: MT LAUREL, NJ 08054

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOSEPH COLLINS, JR. MEMB 03/23/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date