

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001988

FILED
Apr 13, 2004
Secretary of State

Entity Name: DOCTORS' DEFENSE FUND, LLC

Current Principal Place of Business:

7800 N. UNIVERSITY DR #200
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

7800 N. UNIVERSITY DR #200
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 36-4532575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN LESSER, M.D.
7800 N. UNIVERSITY DR #200
TAMARAC, FL 33321

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: MGR () Delete
Name: LESSER, MARTIN M.D.
Address: 7800 N. UNIVERSITY DR #200
City-St-Zip: TAMARAC, FL 33321

Title: MGR () Delete
Name: SCHWARTZ, ALAN M.D.
Address: 8393 W. OAKLAND PARK BLVD.
City-St-Zip: SUNRISE, FL 33351

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: MARTIN LESSER

M.D.

04/13/2004

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