2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000004314



FILED Apr 05, 2004 8:00 am Secretary of State

1. Entity Name MOB 5 OF FLORIDA, LLC								04-05-2004	-		
Principal Place	e of Business	S	Mailing Address								
4525 HARDING ROAD, SUITE 102 NASHVILLE, TN 37205			4525 HARDING ROAD, SUITE 102 NASHVILLE, TN 37205			!					
			1								
2. Principal P			3. Mailing Address					<u> </u>			
		d Avenue	3100 West End Avenue Suite, Apt. #, etc.								
Suite, Apt.			Suite 800				03162004	Chg-LLC	CR2E	083 (10/03)	
Suite 800 City & State			City & State			\longrightarrow	4. FEI Num	hor		I IAr	oplied For
Nashville, TN			•				26-007				ot Applicable
Zip	iiie, i		Nashville, TN	Coun	tnı		20-007	11432		\$5.00 Add	
•		Country	1 1		•		Certificat	te of Status Desired		Fee Require	
37203 USA 6. Name and Address of Current R			37203 USA				7. Name and Address of New Registered Agent				
····	0. Name	and Address of Carrent	registered Agent		Name	-	7. Italije ui	ia Address of Itom)	iogioto. oa	, igoni	
		RVICE COMPANY					(P.O. Box Number is Not Acceptable)				
1201 HAYS		32301-2525			Gil Gol / Na					•	
					City					Zip Cod	le
					1				FL	-	
	named entit tions of regist		the purpose of changing its	register	ed office or r	registere	ed agent, or b	ooth, in the State of Fl	orida. I am	ı familiar with,	and accept
SIGNATURE.	Signature, typed	or printed name of registered agent a	and title it applicable. (NOTE	: Registere	d Agent signature	e required v	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2004									*.		, i
Fi Di	iling Fee i ue by May	is \$50.00 y 1, 2004								payable to nent of Stat	e
9.	iling Fee i ue by Ma	is \$50.00 y 1, 2004 MANAGING MEMBE	RS/MANAGERS	10.					a Departn	nent of Stat	•
Di	iling Fee i ue by Ma	y 1, 2004	RS/MANAGERS	10.		MGRM		Florid	a Departn	nent of Stat	e Addition
9.	MGRM	y 1, 2004	☐ Delete	-	_			Florid	A Departn	S Change	☐ Addition
9. TITLE	MGRM MEDICAL	y 1, 2004 MANAGING MEMBE	☐ Delete DF FLORIDA, LLC	TITL NAM	_			Florid	A Departn	S Change	☐ Addition
9. TITLE NAME	MGRM MEDICAL 4525 HAF	MANAGING MEMBE OFFICE BUILDINGS C	☐ Delete DF FLORIDA, LLC	TITL NAM STRI	EET ADDRESS	Medi 3100		ADDITIONS fice Building End Avenue,	A Departn	S Change	☐ Addition
9. TITLE NAME STREET ADDRESS	MGRM MEDICAL 4525 HAF	MANAGING MEMBE OFFICE BUILDINGS CRDING ROAD, SUITE 16	Delete OF FLORIDA, LLC O2	TITL NAM STRI	EET ADDRESS '-ST-ZIP	Medi 3100	cal Off West I	ADDITIONS fice Building End Avenue,	A Departn	S 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 efformered to execute this report as required by Chapter 608, Florida Statutes.

Thomas M. Klaritch, SIGNATURE:
SIGNATURE AND TYPED OBJERINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Senior VP of Member

(615) 324-6900