
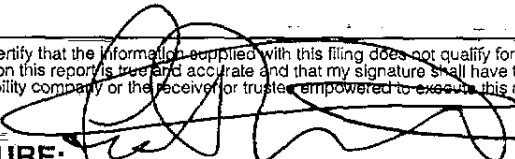


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # M04000000385		
1. Entity Name RICHMOND MEDICAL PARTNERS, LLC		
Principal Place of Business 975 JOHNSON FERRY ROAD, SUITE 450 ATLANTA, GA 30342		Mailing Address 975 JOHNSON FERRY ROAD, SUITE 450 ATLANTA, GA 30342
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DECUBELLIS & MEEKS, P.A. 837 NORTH GARLAND AVENUE ORLANDO, FL 32801-1003		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICHMOND, LEA 975 JOHNSON FERRY ROAD, SUITE 450 ATLANTA, GA 30342	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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)(1), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		



01112005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 57-1155200	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

000000206724
02/01/05-80016-020 50.00