FILED
Jul 16, 2004 08:00 AM
Secretary of State

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M98000000893

1. Entity Name
OAKRIDGE MEDICAL GROUP, LLC

Principal Place of Business	Mailing Address
1000 N.E. 56TH STREET FT. LAUDERDALE, FL 33334	1000 N.E. 56TH STREET FT. LAUDERDALE, FL 33334

DO NOT WRITE IN THIS SPACE

07012004No Chg-LLC CR2E092 (10/03)

4. FEI Number
65-0849890
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 8, 2004

000000166789
07/16/04-00011-004 ***150.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	INGLIS, RICHARD K ESQ
STREET ADDRESS	2455 SUNRISE BLVD, STE 320
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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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)(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: Richard K. Inglis Mgr 6/30/04 954 565-1977
SIGNATURE AND TYPED OR PRINTED NAME OF RISING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #