

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031856

FILED  
Apr 13, 2006  
Secretary of State

Entity Name: MEDARTS IN THE SPRINGS, LLC

**Current Principal Place of Business:**

% MELVIN S. KOHAN, M.D.  
9750 NW 33RD STREET, SUITE 107  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

C/O SYNDICON PROPERTIES, INC  
1881 UNIVERSITY DR, #114  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

C/O SYNDICON PROPERTIES, INC  
2901 CORAL HILLS DRIVE, #200  
CORAL SPRINGS, FL 33065

FEI Number: 48-1299993

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REDGRAVE & TURNER, LLP  
120 E. PALMETTO PARK ROAD, SUITE 450  
BOCA RATON, FL 33432 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KOHAN, M.D., MELVIN S MGRM  
Address: 9750 NW 33RD STRET, SUITE 107  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM ( ) Delete  
Name: BITMAN, STEWART MD  
Address: 7431 N UNIVERSITY DR #201  
City-St-Zip: TAMARAC, FL 33321

Title: MGRM ( ) Delete  
Name: ZARAGOZA, BERNARD MD  
Address: 3100 CORAL HILLS DR #207  
City-St-Zip: CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES:**

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

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 Chapter 119, 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: TIMOTHY D. CROSS

MGR

04/13/2006

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