


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000042658**

1. Entity Name  
**BRICK, SCANLAN, CRAFT, LLC**



Principal Place of Business <b>425 S. KINGS AVE BRANDON, FL 33511</b>	Mailing Address <b>425 S. KINGS AVE BRANDON, FL 33511</b>
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**DO NOT WRITE IN THIS SPACE**



02062006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-0359962</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SCANLAN, ROBERT J ESQ.  
101 E. KENNEDY BLVD., SUITE 1790  
TAMPA, FL 33602**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re/instating)

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRICK, GEORGE O M.D. 425 S. KINGS AVE. BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCANLAN, EDWARD D M.D. 425 S. KINGS AVE. BRANDON, FL 33511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRAFT, MARK L M.D. 425 S. KINGS AVE. BRANDON, FL 33511
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02/21/06-80054-019 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Mark L. Craft, M.D.      2/6/06      813-685-1220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #