


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90017 048 ****50.00

DOCUMENT # L05000074554					
1. Entity Name FREEPORT CLINICS, L.L.C.					
Principal Place of Business POST OFFICE BOX 289 FREEPORT, FL 32439		Mailing Address POST OFFICE BOX 289 FREEPORT, FL 32439			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3229184	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HELMICH, KEVIN M 4481 LEGENDARY DRIVE, SUITE 200 DESTIN, FL 32541			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IGNASIAK, ROBERT L		NAME		
STREET ADDRESS	POST OFFICE BOX 289		STREET ADDRESS		
CITY-ST-ZIP	FREEPORT, FL 32439		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IGNASIAK, TERESA P		NAME		
STREET ADDRESS	POST OFFICE BOX 289		STREET ADDRESS		
CITY-ST-ZIP	FREEPORT, FL 32439		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Robert P. Ignasiak</i>			Date: <i>4/23/06</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					