

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054440

FILED
Jan 13, 2006
Secretary of State

Entity Name: PALM BEACH INTERNAL MEDICINE, LLC

Current Principal Place of Business:

3401 PGA BOULEVARD STE. 330
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

3401 PGA BOULEVARD
#330
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

3401 PGA BOULEVARD STE. 330
PALM BEACH GARDENS, FL 33418

New Mailing Address:

3401 PGA BOULEVARD
#330
PALM BEACH GARDENS, FL 33410

FEI Number: 33-1096450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALICKMAN, DOREEN BONADIE
102 OLIVERA WAY
PALM BEACH GARDENS, FL 33418 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: MGR () Delete
Name: DHARIA, RUPESH R M.D.
Address: 18671 COLLINS AVENUE APT 1204
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DHARIA, RUPESH R M.D.
Address: 217 ANDALUSIA DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: RUPESH R DHARIA

MD

01/13/2006

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