2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2006
Secretary of State

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Entity Name: ARTURO RODRIGUEZ-MARTIN, M.D., P.L.

Current Principal Place of Business:

1665 TAMIAMI TRAIL
BUILDING #7
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

2525 HARBOR BLVD.
SUITE 301
PORT CHARLOTTE, FL 33952

Current Mailing Address:

P.O. BOX 496016
PORT CHARLOTTE, FL 33949

New Mailing Address:

FEI Number: 56-2450952 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEUKER TAX SERVICE, INC.
1931 TAMIAMI TRAIL
SUITE 12
PORT CHARLOTTE, FL 33948 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: JOZEFIAK, DENIECE
Address: 1665 TAMIAMI TRAIL, SUITE #7
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES:

Title: DR. (X) Change ( ) Addition
Name: RODRIGUEZ-MARTIN, ARTURO
Address: 2525 HARBOR BLVD. SUITE 301
City-St-Zip: PORT CHARLOTTE, FL 33952

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: ARTURO RODRIGUEZ-MARTIN, M.D. DR. 04/05/2006

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