2006 LIMITED LIABILITY COMPANY

FILED ANNUAL REPORT Sep 07, 2006 08:00 AN **DOCUMENT # L04000060207 Secretary of State** 1. Entity Name FAMILY PRACTICE & INTERNAL MEDICINE OF THE PALM BEACHES, LLC Principal Place of Business Mailing Address 3401 PGA BLVD. 🕝 3401 PGA BOULEVARD SUITE 330 SUITE 330 PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 CR2E083 (11/05) 09042006No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 34-2036409 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BONADIES HALICKMAN, DOREEN DO NOT WRITE 102 OLIVERA WAY PALM BEACH GARDENS, FL 33418 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) U00000576381-Filing Fee is \$50.00 Due by September 6, 2006 09/07/06-80003-005 50.00 9. MANAGING MEMBERS/MANAGERS MGR TITLE NAME HALICKMAN, JACK F M.D. 102 OLIVERA WAY STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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:

TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

RIGHATURE AND TYPED OR PRINTED NAME OF RIGHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE