

2006 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A97000000873

FILED
Feb 14, 2006
Secretary of State

Entity Name: PREFERRED MEDICAL GROUP LIMITED PARTNERSHIP

Current Principal Place of Business:

C/O PREFERRED MEDICAL GROUP, INC.
9140 CORSEA DEL FONTANA WAY
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

C/O PREFERRED MEDICAL GROUP, INC.
9140 CORSEA DEL FONTANA WAY
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 59-3444773 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MCNAMARA, LISA A
9140 CORSEA DEL FONTANA WAY
NAPLES, FL 34109 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

GENERAL PARTNER INFORMATION:

Document #: P97000021603
Name: PREFERRED MEDICAL GROUP, INC.
Address: 115 HEDGEROW TRACE
City-St-Zip: DULUTH, GA 30097

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: CHRIS MALE

_____ Electronic Signature of Signing General Partner

MGR

02/14/2006

_____ Date