


05-10-2006 96017023  
**REJECTED** 50.00  
L00000000278

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L00000000278</b> 1. Entity Name HOSPITAL SPECIALISTS OF NAPLES, P.L.	
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Principal Place of Business 5840 SHADY OAKS LANE NAPLES, FL 34119	Mailing Address PO BOX 8523 NAPLES, FL 34101
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**DO NOT WRITE IN THIS SPACE**

2006 JUN -8 P 12: 06

3000/001  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04282006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3615495	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

MCARDLE, MICHAEL W ESQ.  
1112 GOODLETTER RD  
STE 204  
NAPLES, FL 34102

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OTTO, RICHARD D M.D. 5840 SHADY OAKS LANE NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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:** X 4-28-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #