

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006317

FILED  
Jun 13, 2006  
Secretary of State

**Entity Name:** DEBORAH D. VIGLIONE, MD, LLC

**Current Principal Place of Business:**

103 NIGHTINGALE LN  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

103 NIGHTINGALE LN  
GULF BREEZE, FL 32561

**New Mailing Address:**

**FEI Number:** 59-3647466      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

VIGLIONE, DEBORAH D  
103 NIGHTINGALE LN  
GULF BREEZE, FL 32561      US

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:** MGRM      ( ) Delete  
**Name:** VIGLIONE, DEBORAH D  
**Address:** 103 NIGHTINGALE LN  
**City-St-Zip:** GULF BREEZE, FL 32561

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**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 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:** DEBORAH D. VIGLIONE

MGRM

06/13/2006

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