


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000007667</b> 1. Entity Name STAR MEDICAL GROUP, P.L.	
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Principal Place of Business 1201 MONUMENT ROAD, #201 JACKSONVILLE, FL 32225	Mailing Address 1201 MONUMENT ROAD, #201 JACKSONVILLE, FL 32225
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**DO NOT WRITE IN THIS SPACE**



02082006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-7168952	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  SLAGLE, SUSAN 1201 SAN AMARO ROAD JACKSONVILLE, FL 32207
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**DO NOT WRITE  
IN THIS SPACE**

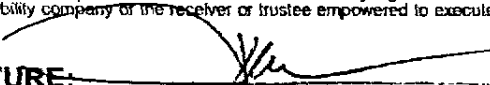
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small>	(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	MGRM OSCAR E. RODAS, M.D. 1201 MONUMENT ROAD, #201 JACKSONVILLE, FL 32225
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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: 	2-22-06	(904) 727-5151
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>