


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000007971
 1. Entity Name
 DUNLAWTON MEDICAL ASSOCIATES, LLC



Principal Place of Business Mailing Address
 790 DUNLAWTON AVE 790 DUNLAWTON AVE
 SUITE E SUITE E
 PORT ORANGE, FL 32127 PORT ORANGE, FL 32127

DO NOT WRITE IN THIS SPACE



07132005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3659620	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
 BILLMEIR, DAVID MD
 790 DUNLAWTON AVE.
 SUITE E
 PORT ORANGE, FL 32127

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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: *Mark Kendrick*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reelecting) DATE

Filing Fee is \$50.00
Due by September 7, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BILLMEIER, DAVID MD 790 DUNLAWTON AVE. STE E PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENDRICK, MARK MD 790 DUNAWTON AVE. STE E PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERNANDO, GEORGE MD 790 DUNLAWTON AVE. STE E PORT ORANGE, FL 32127
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 07/18/05-2005-011-50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *George Bernando* 7/18/05 (386)760-2659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #