


**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90202 034 \*\*\*\*50.00

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L00000008341</b>		
1. Entity Name RICHARD BAGBY, M.D., L.L.C.		
Principal Place of Business 4138 SHORECREST DRIVE ORLANDO, FL 32804		Mailing Address 4138 SHORECREST DRIVE ORLANDO, FL 32804
<b>DO NOT WRITE IN THIS SPACE</b>		
		01172006 No Chg-LLC CR2E083 (11/05)
4. FEI Number 59-3666153		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  CAROLAN, J.P. III 390 N. ORANGE AVENUE, SUITE 1500 ORLANDO, FL 32801		<b>DO NOT WRITE IN THIS SPACE</b>
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. (NOTE: Registered Agent signature required when rehashing)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE	MGR	
NAME	BAGBY, RICHARD J	
STREET ADDRESS	4138 SHORECREST DR	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 <i>Richard J. Bagby, M.D.</i>		2/7/06 407-331-9355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #