


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000009702</b> 1. Entity Name <b>CROUCH &amp; DUNN, M.D., PLC</b>	
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Principal Place of Business <b>155 SOUTH HALIFAX AVENUE DAYTONA BEACH, FL 32118</b>	Mailing Address <b>155 SOUTH HALIFAX AVENUE DAYTONA BEACH, FL 32118</b>
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01102006No Chg-LLC

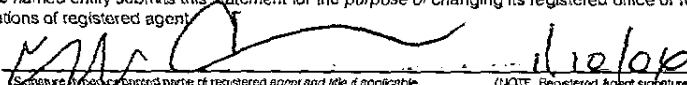
CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3661800</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CROUCH, EUGENE M.M.D. 155 SOUTH HALIFAX AVENUE DAYTONA BEACH, FL 32118</b>
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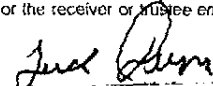
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE  DATE <b>1/10/06</b>

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

1100000386046  
01/18/06-80043-005 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR DUNN, LUCKEY 155 SOUTH HALIFAX AVENUE DAYTONA BEACH, FL 32118</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CROUCH, EUGENE 155 SOUTH HALIFAX AVENUE DAYTONA BEACH, FL 32118</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SWAIN, SUSIE 155 SOUTH HALIFAX AVENUE DAYTONA BEACH, FL 32118</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  <b>LUCKEY DUNN</b> <b>9 JAN 06</b>

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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Daytime Phone #