


# 2007 LIMITED LIABILITY COMPANY - ANNUAL REPORT

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000009702	
1. Entity Name CROUCH & DUNN, M.D., PLC	

Principal Place of Business 155 SOUTH HALIFAX AVENUE DAYTONA BEACH, FL 32118	Mailing Address 155 SOUTH HALIFAX AVENUE DAYTONA BEACH, FL 32118
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**DO NOT WRITE IN THIS SPACE**



03242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3661800	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  CROUCH, EUGENE M M.D. 155 SOUTH HALIFAX AVENUE DAYTONA BEACH, FL 32118
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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.

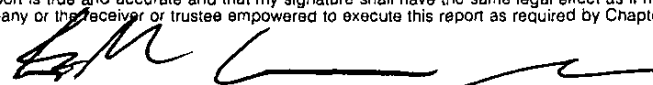
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

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

**DO NOT WRITE  
IN THIS SPACE**

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:  3/28/7

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_