

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000010053

Entity Name
TWIN LAKES FAMILY PRACTICE, PL



Principal Place of Business
**1890 LPGA BLVD.
170
DAYTONA BEACH, FL 32117**

Mailing Address
**1890 LPGA BLVD.
170
DAYTONA BEACH, FL 32117**



05022006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3665600

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**TANNER-ST. JAMES, CAROL M.D.
1890 LPGA BLVD.
SUITE 170
DAYTONA BEACH, FL 32117**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

000000541108
05/10/06-80044-020 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CAROL TANNER-ST. JAMES MD
STREET ADDRESS	1890 LPGA BLVD. SUITE 170
CITY-ST-ZIP	DAYTONA BEACH, FL 32117
TITLE	MGR
NAME	ST JAMES III, LUTHER MD
STREET ADDRESS	1890 LPGA BLVD STE 170
CITY-ST-ZIP	DAYTONA BEACH, FL 32117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

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

Date

Daytime Phone #