2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000010608

1. Entity Name

MAGNOLIA MEDICAL CLINIC FACILITIES, L.L.C.

Principal Place of Business	Mailing Address
131 MAGNOLIA AVENUE, S.E. FT. WALTON BEACH FL 32548	131 MAGNOLIA AVENUE, S.E. FT. WALTON BEACH FL 32548

1st MOORE CR2E083 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-6144778 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BUCKELEW, B.A. M.D. 131 MAGNOLIA AVENUE, S.E. FT. WALTON BEACH FL 32548	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RUSSELL, A. BARNARD M.D. 131 MAGNOLIA AVENUE, S.E. FT. WALTON BEACH FL 32548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add 100000048262 32 04/11/06 80084-002 50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SITES, JOHN D M.D. 131 MAGNOLIA AVENUE, S.E. FT. WALTON BEACH FL 32548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BUCKELEW, B.A. M.D. 131 MAGNOLIA AVENUE, S.E. FT. WALTON BEACH FL 32548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SENECHAL, PETER K M.D. 131 MAGNOLIA AVENUE, S.E. FT. WALTON BEACH FL 32548	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ JOHN D. SITES, M.D., MANAGING MEMBER 3/23/2006 (850) 243-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #