

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000010608

1. Entity Name
MAGNOLIA MEDICAL CLINIC FACILITIES, L.L.C.



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

Mailing Address
**131 MAGNOLIA AVENUE, S.E.
FT. WALTON BEACH, FL 32548**



02132007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

**BUCKELEW, B.A. M.D.
131 MAGNOLIA AVENUE, S.E.
FT. WALTON BEACH, FL 32548**

**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 May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RUSSELL, A. BARNARD M.D.
131 MAGNOLIA AVENUE, S.E.
FT. WALTON BEACH, FL 32548**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SITES, JOHN D M.D.
131 MAGNOLIA AVENUE, S.E.
FT. WALTON BEACH, FL 32548**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BUCKELEW, B.A. M.D.
131 MAGNOLIA AVENUE, S.E.
FT. WALTON BEACH, FL 32548**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SENECHAL, PETER K M.D.
131 MAGNOLIA AVENUE, S.E.
FT. WALTON BEACH, FL 32548**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000665010
03/23/07-80007-014 50.00

**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: _____

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

B.A. Bucklew, M.D., President 3/9/07 (950)243-7681

Date

Daytime Phone #