

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002103

FILED
Feb 10, 2006
Secretary of State

Entity Name: DRS. BERGHASH & LANZA, P.L.

Current Principal Place of Business:

1916 HIGHWAY 441, NORTH
OKEECHOBEE, FL 34972

New Principal Place of Business:

1801 SE HILLMOOR DRIVE
SUITE #B-105
PORT ST. LUCIE, FL 34952

Current Mailing Address:

1801 SE HILLMOOR DR.
SUITE B105
PORT SAINT LUCIE, FL 34952

New Mailing Address:

FEI Number: 65-1075371 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DEC CONSULTANTS, INC.
5070 HIGHWAY A1A NORTH
SUITE 221
VERO BEACH, FL 329631216 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BERGHASH, LESLIE R MD
Address: 3495 SW FOREST HILLS CT.
City-St-Zip: PALM CITY, FL 34990

Title: MGRM () Delete
Name: LANZA, JOHN T MD
Address: 7893 SADDLEBROOK DRIVE
City-St-Zip: PORT ST.LUCIE, FL 34986

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BETH HILLARD, PRACTICE MANAGER MGR 02/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date