
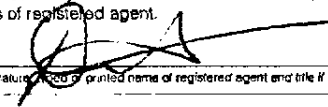
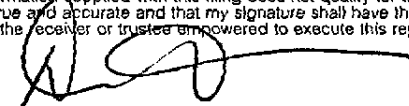


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000004394		
1. Entity Name DIABETES AND ENDOCRINE ASSOCIATES OF THE TREASURE COAST, L.L.C.		
Principal Place of Business 1355 - 37TH STREET / SUITE 401 VERO BEACH, FL 32960		Mailing Address 1355 - 37TH STREET / SUITE 401 VERO BEACH, FL 32960
DO NOT WRITE IN THIS SPACE		
		02142006 No Chg-LLC CR2E083 (11/05)
		4. FEI Number 65-1093008 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		
TONNER, DENISE R 1355 - 37TH STREET / SUITE 401 VERO BEACH, FL 32960		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  <small>Signature of individual or printed name of registered agent and title if applicable</small>		DATE 3/1/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>
Filing Fee is \$50.00 Due by May 1, 2006		000000461879 03/21/06-80014-009 50.00
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LASSWELL, WILLIAM L DR. 1355 37TH STREET, SUITE #401 VERO BEACH, FL 32960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TONNER, DENISE R DR. 1355 37TH STREET, SUITE #401 VERO BEACH, FL 32960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAHAM, PAUL A DR. 1355 37TH STREET, SUITE #401 VERO BEACH, FL 32960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 606, Florida Statutes.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		DATE 3/1/06 <small>Daytime Phone #</small>