


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L01000004471	
<b>1. Entity Name</b> CARLA ROSE, M.D., L.L.C.	

<b>Principal Place of Business</b> 1337 COUNTRY CLUB ROAD GULF BREEZE, FL 32563	<b>Mailing Address</b> 1337 COUNTRY CLUB ROAD GULF BREEZE, FL 32563
---	---

DO NOT WRITE IN THIS SPACE



02172006 No Chg-LLC

CR2E083 (11/05)

<b>4. FEI Number</b> 59-3705542	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

ROSE, CARLA  
1337 COUNTRY CLUB RD  
GULF BREEZE, FL 32563

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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reestablishing) **DATE** \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
<b>TITLE</b>	MGR
<b>NAME</b>	ROSE, CARLA MD
<b>STREET ADDRESS</b>	1337 COUNTRY CLUB RD
<b>CITY-ST-ZIP</b>	GULF BREEZE, FL 32563
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

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:**  **2/26/06** **(850) 434-2913**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #