2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000015193

1. Entity Name
P.C.T.C. III, L.L.C.

Principal Place of Business	Mailing Address
1265 36TH STREET VERO BEACH, FL 32960	PO BOX 5409 VERO BEACH, FL 32961-5409

DO NOT WRITE IN THIS SPACE

02232006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3741034
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN MD, HAL W
1265 36TH STREET
VERO BEACH, FL 32960

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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ SIGN HERE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Required when reinstating) DATE 3/1/06

Filing Fee is $50.00
Due by May 1, 2006

U00000456136
03/16/06-80016-015 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	BROWN, HAL W MD
STREET ADDRESS	1265 36TH ST
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	MGRM
NAME	ATAMER, EROL R MD
STREET ADDRESS	1265 36TH ST
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	MGRM
NAME	SHIPLEY, JOSHUA B MD
STREET ADDRESS	1265 36TH ST
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	MGRM
NAME	SPLENDORIA, ARTHUR MD
STREET ADDRESS	1265 36TH ST
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	MGRM
NAME	SAVER, DENNIS F MD
STREET ADDRESS	1265 36TH ST
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	MGRM
NAME	ULRICH, GUY R MD
STREET ADDRESS	1265 36TH ST
CITY-ST-ZIP	VERO BEACH, FL 32960

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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 this limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 3/1/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #