


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000018126

1. Entity Name
J C S MEDICAL ASSOCIATES, PLC



Principal Place of Business 28100 US 19 NORTH SUITE 401 CLEARWATER, FL 33761	Mailing Address 28100 US 19 NORTH SUITE 401 CLEARWATER, FL 33761
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03242006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3743596	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEWIS-SERAG, MAHA
 28100 US 19 NORTH
 SUITE #401
 CLEARWATER, FL 33761**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SERAG, SHERIF 28100 US 19 NORTH, SUITE 401 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEWIS-SERAG, MAHA 28100 US 19 NORTH SUITE 401 CLEARWATER, FL 33761
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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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *M Serag* Date: 3/24/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE