


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000003515 1. Entity Name JASSIR MEDICAL, L.L.C.	
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Principal Place of Business 1405 S ORANGE AVE ORLANDO, FL 32806 US	Mailing Address P.O. BOX 560862 ORLANDO, FL 32856-0862 US
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04122008 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0387627	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WINTERS, JR., THOMAS F M.D. 1405 S ORANGE AVE SUITE 601 ORLANDO, FL 32806

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JASSIR, CARLOS M.D. 1405 SOUTH ORANGE AVENUE ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WINTER, JR., THOMAS F 1405 S ORANGE AVE, STE 601 ORLANDO, FL 32806
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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:  **4-12-06 407-649-1097**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #