


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000010987  
 1. Entity Name  
 BURNT STORE FAMILY MEDICINE, P.L.



Principal Place of Business 100 MADRID BLVD. SUITE 513 PUNTA GORDA, FL 33950	Mailing Address 100 MADRID BLVD. SUITE 513 PUNTA GORDA, FL 33950
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01232006No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 02-0609414	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  
 KAYWELL, JAMES W  
 2705 TAMiami TRAIL  
 SUITE 211  
 PUNTA GORDA, FL 33950

**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**

U00000403812  
02/06/06-80023-001 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WANG, GORDON 100 MADRID BOULEVARD SUITE 513 PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WANG, ALISON 100 MADRID BOULEVARD SUITE 513 PUNTA GORDA, FL 33950
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**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: ALISON S. WANG. *Alison S. Wang* MGR 1/24/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

941 505 09