2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000015306

Entity Name
MBRIDGE, LLC

Principal Place of Business
0 AMBERLY DRIVE, SUITE A
A, FL 33647-1647

Mailing Address
15320 AMBERLY DRIVE, SUITE A
TAMPA, FL 33647-1647

DO NOT WRITE IN THIS SPACE

01112006No Chg-LLC CR2E083 (11/05)

4. FEI Number
37-1433850

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AMS, ROBERT V
N FRANKLIN STREET, SUITE 2600
PA, FL 33602

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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's signature required when changing)

Filing Fee is $50.00
Due by May 1, 2006

MANAGING MEMBERS/MANAGERS

MGRM
FRAZIER, D.W. M.D.
15320 AMBERLY DRIVE, SUITE A
TAMPA, FL 336471647

MGRM
WEISSMAN, MARK S M.D.
15320 AMBERLY DRIVE, SUITE A
TAMPA, FL 336471647

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01/30/06 80083-1125 50.00

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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: X _____ 1-17-06 813-977-2090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #