

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015453

FILED
Jan 19, 2006
Secretary of State

Entity Name: JOCELYN E. LEVEQUE, M.D., P.L.

Current Principal Place of Business:

350 B PENSACOLA BEACH BLVD
GULF BREEZE, FL 32561

New Principal Place of Business:

Current Mailing Address:

350 B PENSACOLA BEACH BLVD
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 11-3644511

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVEQUE, JOCELYN E M.D.
1391 PLAYERS CLUB COURT
GULF BREEZE, FL 32563 US

Name and Address of New Registered Agent:

LEVEQUE, JOCELYN E M.D.
350-B PENSACOLA BEACH BLVD
GULF BREEZE, FL 32561 US

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.

SIGNATURE: JOCELYN E LEVEQUE

01/19/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEVEQUE, JOCELYN E M.D.
Address: 1391 PLAYERS CLUB COURT
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES:

Title: OWNE (X) Change () Addition
Name: LEVEQUE, JOCELYN E M.D.
Address: 350 B PENSACOLA BEACH BLVD
City-St-Zip: GULF BREEZE, FL 32561

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOCELYN E LEVEQUE

OWNE

01/19/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date