
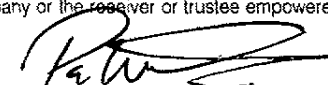


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

| | | | | | |
|---|---|---------------------------------|--|--|--|
| DOCUMENT # L02000017861 1. Entity Name TAVARES REGIONAL MEDICAL GROUP, LLC | | | |  | |
| Principal Place of Business 1619 BANNING BEACH ROAD TAVARES FL 32778 | | | Mailing Address 1619 BANNING BEACH ROAD TAVARES FL 32778 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 01-0736363 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applied | |
| 6. Name and Address of Current Registered Agent SUMMERS, GARY L 380 WEST ALFRED STREET TAVARES FL 32778 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 | | | 1000000403987 02/06/06-80028-024 50.00 | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BRYAN, PAUL W II 1619 BANNING BEACH ROAD TAVARES FL 32778 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **1-20-06** **352-343-5577**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #