


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000018050
 1. Entity Name
CONNOLLY GOLDBERG MEDICAL GROUP, L.L.C.



Principal Place of Business Mailing Address
15053 SOUTH DIXIE HWY **12201 SW. 101 AVENUE**
MIAMI, FL 33176 **MIAMI, FL 33176**



04092006 No Chg-LLC CRZE0B3 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
22-3857296 Not Applicable

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

6. Name and Address of Current Registered Agent
GOLDBERG, DAVID B M.D.
12201 SW. 101 AVENUE
MIAMI, FL 33176

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

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

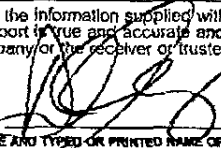
9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GOLDBERG, MD, DAVID B
STREET ADDRESS	12201 SW 101 AVE.
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/02/06-80036-018 50.00

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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 808, Florida Statutes.

SIGNATURE:  **David B. Goldberg, MD** Date: **4/7/06** (305) 251-3434 X310

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