

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018069

FILED
Feb 23, 2006
Secretary of State

Entity Name: IRA M. STEIN, M.D., L.L.C.

Current Principal Place of Business:

12898 SOUTHERN BOULEVARD
SUITE 203
LOXAHATCHEE, FL 33470

New Principal Place of Business:

13005 SOUTHERN BOULEVARD
BUILDING 1, SUITE 124
LOXAHATCHEE, FL 33470

Current Mailing Address:

12898 SOUTHERN BOULEVARD
SUITE 203
LOXAHATCHEE, FL 33470

New Mailing Address:

13005 SOUTHERN BOUVELVARD
BUILDING 1, SUITE 124
LOXAHATCHEE, FL 33470

FEI Number: 11-3643332

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARY METROU
3609 MOON BAY CIRCLE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STEIN, IRA M M.D.
Address: 12989 SOUTHERN BOULEVARD, SUITE 203
City-St-Zip: LOXAHATCHEE, FL 33414

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: STEIN, IRA M M.D.
Address: 13005 SOUTHERN BLVD, BUILDING 1, SUITE 124
City-St-Zip: LOXAHATCHEE, FL 33470

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: IRA M. STEIN, M.D.

MRG

02/23/2006

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