

# 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