2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 31, 2006 8:00 am
Secretary of State
08-18-2006 90027 026 ****50.00

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1. Entity Name
FAL, LLC

Principal Place of Business	Mailing Address
6440 W. NEWBERRY ROAD, SUITE 502 GAINESVILLE, FL 32605	6440 W. NEWBERRY ROAD, SUITE 502 GAINESVILLE, FL 32605

08122006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 82-0572520 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MENET, DAVID E 3940 NW 16 TH BLVD., BLDG. B GAINESVILLE, FL 32605	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BAILEY, GREG MD 6440 W. NEWBERRY RD, STE 502 GAINESVILLE, FL 32605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Bailey Greg M.D 6440 W. Newberry Rd. Suite 409 Gainesville, FL 32605	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MARICHAL, EDUARDO 6440 W. NEWBERRY RD, STE 502 GAINESVILLE, FL 32605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MILLION, AMY 6440 W. NEWBERRY RD, STE 502 GAINESVILLE, FL 32605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

Add Ste 409 suites.

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 608, Florida Statutes.

SIGNATURE: _____ 8-11-06 352-333-6161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #