2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 31, 2006 8:00 am
Secretary of State

08-18-2006 90027 026 ****50.00

DOCUMENT # L02000020005

1. Entity Name
FAL, LLC

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

Mailing Address
6440 W. NEWBERRY ROAD, SUITE 502
GAINESVILLE, FL 32605

08122006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
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
MENET, DAVID E
3940 NW 16 TH BLVD., BLDG. B
GAINESVILLE, FL 32605

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

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	MGRM ☐ Delete	TITLE	MGRM ☒ Change ☐ Addition
NAME	BAILEY, GREG MD	NAME	Bailey Greg M.D
STREET ADDRESS	6440 W. NEWBERRY RD, STE 502	STREET ADDRESS	6440 W. Newberry Rd. Suite 409 ← note Δ in suites.
CITY-ST-ZIP	GAINESVILLE, FL 32605	CITY-ST-ZIP	Gainesville, FL 32605
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARICHAL, EDUARDO	NAME	
STREET ADDRESS	6440 W. NEWBERRY RD, STE 502	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32605	CITY-ST-ZIP	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MILLION, AMY	NAME	
STREET ADDRESS	6440 W. NEWBERRY RD, STE 502	STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE, FL 32605	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 #