

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000020178

Entity Name: MEDPRO CENTER, LLC

**FILED**  
**Apr 28, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

13301 SOUTH HWY 475  
OCALA, FL 34480

**New Principal Place of Business:**

**Current Mailing Address:**

13301 SOUTH HWY 475  
OCALA, FL 34480

**New Mailing Address:**

FEI Number: 82-0558151

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RUTLEDGE, KIM  
13301 S. HWY 475  
OCALA, FL 34480 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: MGRM ( ) Delete  
Name: FELDMAN, ROBERT L MD  
Address: 13301 SOUTH HWY 475  
City-St-Zip: OCALA, FL 34480

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ROBERT FELDMAN

MGRM

04/28/2006

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