

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021774

FILED  
May 02, 2006  
Secretary of State

**Entity Name:** CAMBRIDGE CLINIC NORTH, P.L.

**Current Principal Place of Business:**

927 11TH ST. WEST  
PALMETTO, FL

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 49676  
SARASOTA, FL 342306766

**New Mailing Address:**

FEI Number: 14-1843563      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

PREWETT, DANIEL L  
5777 BENEVA RD. SOUTH  
SARASOTA, FL 34233 US

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: LIEURANCE, JOHN A  
Address: 622 AVENIDA DE MAYO  
City-St-Zip: SIESTA KEY, FL 34242

**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: JOHN LIEURANCE

MGR

05/02/2006

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