2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 04, 2006
Secretary of State

DOCUMENT# L02000024189

Entity Name: THE CALA HILLS FAMILY CLINIC, LLC

Current Principal Place of Business:

2118 SW 20TH PLACE
SUITE 102
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

2118 SW 20TH PLACE
SUITE 102
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 06-1651753 **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:

STRADER, CHESTER R
811 SE 44 AVE
OCALA, FL 34471 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: CABAN, EPHRAIM JR.,MD
Address: 2118 SW 20TH PLACE, SUITE 102
City-St-Zip: OCALA, FL 34474 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CABAN, JR., EPHRAIM PRES.
Address: 2118 SW 20TH PLACE, SUITE 102
City-St-Zip: OCALA, FL 34474 US

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: EPHRAIM CABAN, JR. PRES 09/04/2006

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