
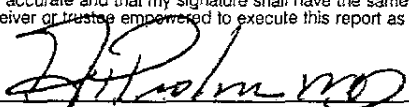


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 14, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L02000026457</b> 1. Entity Name MCCORKLE VOTING TRUST, L.L.C.		
Principal Place of Business 777 37TH STREET SUITE A-103 VERO BEACH, FL 33960 US	Mailing Address 777 37TH STREET SUITE A-103 VERO BEACH, FL 33960 US	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  JOYCE, PETER H 777 37TH STREET SUITE A-103 VERO BEACH, FL 33960		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOYCE, PETER H M.D. 777 37TH STREET SUITE A-103 VERO BEACH, FL 33960	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BISSET, ROBERT R M.D. 777 37TH STREET SUITE A-103 VERO BEACH, FL 33960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLELLA, JAY P M.D. 777 37TH STREET SUITE A-103 VERO BEACH, FL 33960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NAGEL, HEATHER S M.D. 777 37TH STREET SUITE A-103 VERO BEACH, FL 33960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUSKAR, GEORGE T M.D. 777 37TH STREET SUITE A-103 VERO BEACH, FL 33960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEEKS, MARGARET W M.D. 777 37TH STREET SUITE A-103 VERO BEACH, FL 33960	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date: 2/24/06 772-526-0163 Daytime Phone #



02152006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 90-6015847	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

U00000509098  
04/28/06-80030-008 50.00

George T. Puskar, MD