

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026893

Entity Name: LAWRENCE H. FINK, M.D., FACS, P.L.

FILED  
Feb 23, 2006  
Secretary of State

**Current Principal Place of Business:**

5741 BEE RIDGE ROAD  
SUITE 530  
SARASOTA, FL 342335064

**New Principal Place of Business:**

**Current Mailing Address:**

5741 BEE RIDGE ROAD  
SUITE 530  
SARASOTA, FL 342335064

**New Mailing Address:**

FEI Number: 06-1651019      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FINK, LAWRENCE H M.D.  
5741 BEE RIDGE ROAD  
SUITE 530  
SARASOTA, FL 342335064 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: MGR      ( ) Delete  
Name: FINK, LAWRENCE H M.D.  
Address: 5741 BEE RIDGE ROAD  
City-St-Zip: SARASOTA, FL 34233 US

**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 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: LAWRENCE H. FINK, M.D.

MGR

02/23/2006

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