

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000027827**

1. Entity Name  
EPSILON, L.L.C.



Principal Place of Business  
7509 STATE ROAD 52, SUITE 210  
HUDSON, FL 34667

Mailing Address  
7509 STATE ROAD 52, SUITE 210  
HUDSON, FL 34667



03272006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
14-1851772

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

GASSMAN, ALAN S  
1245 COURT STREET SUITE 102  
CLEARWATER, FL 33756

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	MEDICAL ASSOCIATES OF WEST FLORIDA LLP
STREET ADDRESS	7509 STATE ROAD 52, SUITE 210
CITY-ST-ZIP	HUDSON, FL 34667

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05/01/06-80036-009 50.00

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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]* 3.2406