

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000028296

1. Entity Name
DEBORAH S. BART, M.D. & ASSOCIATES, L.L.C.



Principal Place of Business
**3055 5TH AVENUE NORTH
ST PETERSBURG, FL 33713**

Mailing Address
**3055 5TH AVENUE NORTH
ST PETERSBURG, FL 33713**

DO NOT WRITE IN THIS SPACE



04242006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
01-0748955

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 M.D.
1245 COURT STREET STE. 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 reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BART, DEBORAH S MD
3055 5TH AVENUE NORTH
ST PETERSBURG, FL 33713**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000549601
05/13/06-80027-013 50.00

**DO NOT WRITE
IN THIS SPACE**

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 *X Deborah S Bart MD* *X Deborah Bart* *X Pres* *4/24/06* *727 323 3038*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #