2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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Secretary of State DOCUMENT # L02000028346 06-20-2006 90298 025 ****50.00 1. Entity Name FPM MEDICAL MANAGEMENT, LLC Principal Place of Business 1999 THATCH Mailing Address 1999 THATCH GIOGNISTA LINDATANE PALM ARIUE C106 VISTA LINDA LANE PALM DRIVE BOCA RATON, FL 32433 BOCA RATON, FL 33433 77432 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06162006 CR2E083 (11/05) Chg-LLC City & State City & State 4. FEI Number Applied For 02-0649776 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MESA, FRANK PEREZ 1999 THATCH PALM DR. Street Address (P.O. Box Number is Not Acceptable) 6106 VISTA LINDA LANE BOCA RATON, FL 33499 City Zip Code FL 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, 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 September 6, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Change TITLE ☐ Addition PEREZ, FRANK NAME NAME CHOCKMOTA LINDALA 1999 THATCH PALM STREET ADDRESS STREET ADDRESS DRIVE BOCA RATON, FL 38489 3 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-74P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP 11. Thereby 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.

EU NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Jun 20, 2006 8:00 am

Daytime Phone #