

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000028461 1. Entity Name NC MEDICAL MANAGEMENT, LLC	
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Principal Place of Business 847 COQUINA WAY BOCA RATON FL 33432	Mailing Address 847 COQUINA WAY BOCA RATON FL 33432
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/05)

4. FEI Number **02-0647782** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent CHEDIAK, NIDIA 847 COQUINA WAY BOCA RATON FL 33432
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NIDIA, CHEDIAK 847 COQUINA WAY BOCA RATON FL 33432 ☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000505840 04/26/06-80127-001 50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information 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 company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ **4506**