


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000030885 1. Entity Name KINGS HIGHWAY MEDICAL GROUP, L.C.	
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Principal Place of Business P.O. BOX 510065 PUNTA GORDA, FL 33951	Mailing Address P.O. BOX 510065 PUNTA GORDA, FL 33951
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01242006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 71-0910174	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KAHLE, GARY A ESQ. 99 NESBIT STREET PUNTA GORDA, FL 33950
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**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 retreating)

DATE _____

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

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02/15/06-80054-010 \$50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR HERNANDEZ, MANUEL M.D. 3582 TRIPOLY BLVD PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR MAAS, MARIA CELINA TRUSTEE 1775 CITRON ST. CHARLOTTE HARBOR, FL 33980
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR MENA, ROSA M.D. 275 FRY TERRACE SE PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GIL, RAMON A M.D. 197 ROSELLE CT. PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/30/2006