

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031406

**FILED**  
**Jan 17, 2006**  
**Secretary of State**

**Entity Name:** DOROTHY T. CHRISTMAN, M.D., P.L.

**Current Principal Place of Business:**

2122 ALTERNATE 19  
SUITE B  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

2122 ALTERNATE 19  
SUITE B  
PALM HARBOR, FL 34683

**New Mailing Address:**

**FEI Number:** 45-0493119      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PARKER, DAVID A  
1650 WINDING CREEK ROAD  
DUNEDIN, FL 34698      US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM      ( ) Delete  
**Name:** CHRISTMAN, DOROTHY T  
**Address:** 1650 WINDING CREEK ROAD  
**City-St-Zip:** DUNEDIN, FL 34698

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** DOROTHY CHRISTMAN

MGRM

01/17/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date