

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000505

FILED  
May 03, 2006  
Secretary of State

Entity Name: MD BUSINESS SOLUTIONS, L.L.C.

## Current Principal Place of Business:

333 17TH STREET, SUITE T  
VERO BEACH, FL 32960

## New Principal Place of Business:

1880 37TH STREET  
SUITE 4  
VERO BEACH, FL 32960

## Current Mailing Address:

333 17TH STREET, SUITE T  
VERO BEACH, FL 32960

## New Mailing Address:

1880 37TH STREET  
SUITE 4  
VERO BEACH, FL 32960

FEI Number: 47-0905848      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

DEC CONSULTANTS, INC.  
5070 HWY A1A, NORTH, SUITE 221  
VERO BEACH, FL 329631216 US

## Name and Address of New Registered Agent:

DEC CONSULTANTS, INC.  
1515 INDIAN RIVER BLVD.  
SUITE A-210  
VERO BEACH, FL 32960 US

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:

05/03/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ANDERSON, JANET M.D.  
Address: 105 CACHE CAY DRIVE  
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM ( ) Delete  
Name: WILLIAMS, RONALD M.D.  
Address: 105 CACHE CAY DRIVE  
City-St-Zip: VERO BEACH, FL 32960

## ADDITIONS/CHANGES:

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

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: JANET ANDERSON, MD

MGRM

05/03/2006

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