

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000003141

FILED
Mar 30, 2006
Secretary of State

Entity Name: PINSKY FAMILY AND SPORTS MEDICINE CENTER, L.L.C.

Current Principal Place of Business:

7640 N. WICKHAM ROAD, SUITE 118
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

7640 N. WICKHAM ROAD, SUITE 118
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 37-1456965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINSKY, MARK F
7640 N. WICKHAM ROAD, SUITE 118
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

PINSKY, MARK F DO
7640 N. WICKHAM ROAD, SUITE 118
MELBOURNE, FL 32940 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: MARK F. PINSKY, DO.

03/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PINSKY, MARK F DO
Address: 7640 N WICKHAM ROAD SUITE 118
City-St-Zip: MELBOURNE, FL 32940

Title: MGRM () Delete
Name: PINSKY, STEPHANIE J
Address: 7640 N WICKHAM ROAD SUITE 118
City-St-Zip: MELBOURNE, FL 32940

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: STEPHANIE J. PINSKY

MGRM

03/30/2006

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