


05-10-2006 90017024 50.00

REJECTED
L03000003304

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000003304 1. Entity Name FLORIDA HOSPITAL SPECIALISTS, P.L.	
--	---


Principal Place of Business 5840 SHADY OAKS LANE NAPLES, FL 34119	Mailing Address P.O. BOX 7967 NAPLES, FL 34101
---	--

DO NOT WRITE IN THIS SPACE

FILED

2006 JUN -8 P 12:06

SECRETARY OF STATE
TALLAHASSEE, FL 323007575



04282006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 81-0593538	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 MCARDLE, MICHAEL W ESQ. 1112 GOODLETTE ROAD, SUITE 204 NAPLES, FL 34102	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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OTTO, RICHARD D M.D. 5840 SHADY OAKS LANE NAPLES, FL 34119
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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: X [Signature] Date: 4-28-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE