

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005958

FILED
Mar 17, 2006
Secretary of State

Entity Name: CARE LEVEL MANAGEMENT MEDICAL GROUP FLORIDA, LLC

Current Principal Place of Business:

3550 BUSCHWOOD PARK DRIVE STE. 133
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

3550 BUSCHWOOD PARK DRIVE STE. 133
TAMPA, FL 33618

New Mailing Address:

FEI Number: 32-0060512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KHALIL, RAOUF
3550 BUSCHWOOD PARK DRIVE STE. 133
TAMPA, FL 33618 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: MMBR () Delete
Name: CARE LEVEL MANAGEMEN, T, LLC
Address: 23622 CALABASAS RD., STE 250
City-St-Zip: CALABASAS, CA 91302

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: RAOUF KHALIL

CEO

03/17/2006

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