


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000011439**

1. Entity Name  
P.C., LLC



Principal Place of Business  
C/O PIERRE GIRARD, M.D.  
621 S.E. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34984 US

Mailing Address  
C/O PIERRE GIRARD, M.D.  
621 S.E. PORT ST. LUCIE BLVD.  
PORT ST. LUCIE, FL 34984 US

**DO NOT WRITE IN THIS SPACE**



01262006 No Chg-LLC CR2E083 (11/05)

4. FEI Number  
65-1180966

Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSILLO, ROBERT A ESQ.  
501 SEA OATS DRIVE  
SUITE A1  
JUNO BEACH, FL 33408

**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 reappointing)  
Signature, typed or printed name of registered agent and title if applicable DATE

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

UNDP001505776  
04/26/06-80130-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIRARD, PIERRE M.D. 621 S. E. PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34984
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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: *Pierre Girard* 4/10/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #