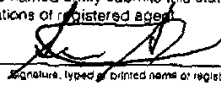
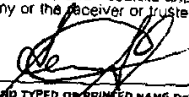


FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90239 022 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000016103		
1. Entity Name CHOI FAMILY PRACTICE ASSOCIATE LLC		
Principal Place of Business 624 E. COLONIAL DRIVE 1900 N. Mills Ave ORLANDO, FL 32803 Suite 101		Mailing Address 1574 CHERRY LAKE WAY, SEAN CHOI HEATHROW, FL 32746
DO NOT WRITE IN THIS SPACE		
		40092228 
		04252006 No Chg-LLC CR2E083 (1/05)
		4. FEI Number 01-0780769
		Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent CHOI, SEAN 1574 CHERRY LAKE WAY HEATHROW, FL 32746		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  Signature, typed or printed name of registered agent and title if applicable.		5/9/06 DATE
(NOTE: Registered Agent signature required when re-listing)		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHOI, SEAN 1574 CHERRY LAKE WAY HEATHROW, FL 32746	
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		5/9/06 (407) 895-9318 Date Daytime Phone