


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 20, 2006 8:00 am
Secretary of State

06-20-2006 90298 039 ****55.00

DOCUMENT # L03000017489 1. Entity Name KIMBERLY M. ROHALEY, M.D., L.L.C.					
Principal Place of Business 3840 COLONIAL BLVD. STE. 2 FORT MYERS, FL 33912			Mailing Address 3301 MERLE DR. NORTH FORT MYERS FL 33917		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 9951 MERLE DR. Suite, Apt. #, etc.			
City & State		City & State N. Fort Myers FL		4. FEI Number 16-1668879	
Zip 33917	Country LEE	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROHALEY, KIMBERLY M 9951 MERLE DR. N. FORT MYERS, FL 33917			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROHALEY, KIMBERLY M 9951 MERLE DR. N. FORT MYERS, FL 33917 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ROHALEY RICHARD L 9951 MERLE DR. N. FT. MYERS, FL 33917 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>X Kimberly Rohaley</i>			<i>X 6/16/06 X 4821100</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		