

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018705

FILED
Jul 06, 2006
Secretary of State

Entity Name: ACCENT OUTPATIENT FACILITY, LLC

Current Principal Place of Business:

4340 NEWBERRY RD. STE. 301
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

4340 NEWBERRY RD. STE. 301
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 02-0692165 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GLOWASKY, ANN L M.D.
4340 NEWBERRY RD. STE. 301
GAINESVILLE, FL 32607 US

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: MGRM () Delete
Name: MAST, BRUCE A MD
Address: 4340 NEWBERRY RD STE 301
City-St-Zip: GAINESVILLE, FL 32607

Title: MGR () Delete
Name: RODGERS, LAWRENCE W MD
Address: 4340 NEWBERRY RD STE 301
City-St-Zip: GAINESVILLE, FL 32607

Title: MGR () Delete
Name: DIMITROV, EVA A MD
Address: 4340 NEWBERRY RD STE 301
City-St-Zip: GAINESVILLE, FL 32607

Title: MGR () Delete
Name: KERR, BRIAN MD
Address: 4340 NEWBERRY RD STE 301
City-St-Zip: GAINESVILLE, FL 32607

Title: MGR () Delete
Name: GLOWASKY, ANN L MD
Address: 4340 NEWBERRY RD STE 301
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANN GLOWASKY

PRES

07/06/2006

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