


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000020319
 1. Entity Name
ROBERT P. ALBERGO, M.D. L.L.C.



Principal Place of Business Mailing Address
4132 WOODLANDS PARKWAY **4132 WOODLANDS PARKWAY**
PALM HARBOR, FL 34685 **PALM HARBOR, FL 34685**

DO NOT WRITE IN THIS SPACE



04042006No Chg-LLC CRZE083 (11/05)

4. FEI Number Applied For
05-0571088 Not Applicable

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

6. Name and Address of Current Registered Agent
ALBERGO, ROBERT P M.D.
4132 WOODLANDS PARKWAY
PALM HARBOR, FL 34685

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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 renewing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

000000516180
 04/23/06-80239-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALBERGO, ROBERT P M.D. 4132 WOODLANDS PARKWAY PALM HARBOR, FL 34685
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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:  Date 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #