


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90022 017 ****50.00

DOCUMENT # L03000021464

1. Entity Name
THE MEMORY DOCTOR, LLC



Principal Place of Business 221 N. HWY 27 SUITE G CLERMONT, FL 34711	Mailing Address 221 N. HWY 27 SUITE G CLERMONT, FL 34711
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DO NOT WRITE IN THIS SPACE

20044334



03132006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 38-0080992	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MASON, DOUGLAS J
585 SUMMERWOOD DRIVE
CLERMONT, FL 34711

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MASON, DOUGLAS J PSYD 585 SUMMERWOOD DRIVE CLERMONT, FL 34711
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MASON, BRENDA S 585 SUMMERWOOD DRIVE CLERMONT, FL 34711
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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: *Brenda S. Mason* Date: *4/24/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #