


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

02-15-2006 90133 022 ****50.00

DOCUMENT # L03000029233 1. Entity Name MURDOCK VILLAGE HEALTH CENTERS, LLC	
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Principal Place of Business 329 EAST OLYMPIA AVENUE PUNTA GORDA, FL 33950	Mailing Address 329 EAST OLYMPIA AVENUE PUNTA GORDA, FL 33950
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DO NOT WRITE IN THIS SPACE



01192006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0864796	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MCKINLEY, MICHAEL R ESQ. 18401 MURDOCK CIRCLE PORT CHARLOTTE, FL 33948

**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 Michael R. McKinley, Esq. 2/1/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALMAN, MILES E 329 E. OLYMPIA AVE PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNN, RANDALL F 329 E. OLYMPIA AVE. PUNTA GORDA, FL 33950
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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: [Signature] 2/1/ (941) 639-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #