

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035890

FILED
Apr 27, 2006
Secretary of State

Entity Name: ORMOND INTERNAL MEDICINE LLC

Current Principal Place of Business:

1 ST. JOHN'S PLACE
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

1 ST. JOHN'S PLACE
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 35-2214927

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN DIEPEN, GAIL
1 ST. JOHN'S PLACE
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

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: VAN DIEPEN, GAIL
Address: 1 ST JOHNS PL
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES:

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: GAIL VAN DIEPEN

MGRM

04/27/2006

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