


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000038622</b> 1. Entity Name <b>WOOLDRIDGE MEDICAL CLINIC, L.L.C.</b>					
Principal Place of Business <b>1345 WEST BAY DR. SUITE 301 LARGO, FL 33770</b>			Mailing Address <b>1345 WEST BAY DR. SUITE 301 LARGO, FL 33770</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>WOOLDRIDGE, ROBERT L 9310 136TH WAY NORTH SEMINOLE, FL 33776</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 except the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP WOOLBRIDGE, ROBERT L 9310 136 WAY N. SEMINOLE, FL 33776</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>000000436202</b>  <b>02/27/06-80027-024 50.00</b> </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MOLES, MATTHEW 1345 WEST BAY DR, STE 301 LARGO, FL 33770</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>SIGNATURE:</b> <i>Bob Gardiner</i>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div style="width: 45%; text-align: right;"> <i>2/16/06 (721) 581-6984</i>  <small>Date Daytime Phone #</small> </div> </div>					