2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

PLATURE AND TYPED OR PRINTED HARRE OF SIGNING MANAGING MEN

Feb 03, 2006 8:00 am **Secretary of State DOCUMENT # L03000048788** 02-03-2006 90081 045 ****50.00 PANHANDLE HOLDINGS GROUP, L.L.C. Principal Place of Business Mailing Address STO 120 5149 NORTH NINTH AVE 5149 NORTH NINTH AVE STEILD PENSACOLA, FL 32504 PENSACOLA, FL 32504 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232006 CR2E083 (11/05) Chg-LLC City & State City & State 4. FEI Number Applied For 56-2420491 Not Applicable Zin Country Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MESSINA, FRANK V M.D. Street Address (P.O. Box Number is Not Acceptable) 5149 N. 9TH AVE **STE 120** PENSACOLA, FL 32504 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and talle if applicable. (NOTE: Registered Agent ingristure required when remotisting) DATE Filing Fee Is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM MGRM TITLE ППЕ Addition Addition ☐ Delete ☐ Change Ted calointe NAME MESSINA, FRANK V M.D. NAME Ste 120 5149 N. greave Steldo STREET ADDRESS 5149 NORTH NINTH AVE STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32504 CITY-ST-ZIP PENSACOIA, FL 32504 IIII F MGRM Delete TITLE ☐ Chance ■ Addition NAME BRAY, JOHN M M.D. NAME STE 120 5149 NORTH NINTH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32504 CITY-ST-ZIP MGRM TITLE Delete TITLE Change Addition ARNEY, KEANE L.M.D. NAME NAME STREET ADDRESS 5149 NORTH NINTH AVE STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32504 CITY-ST-7IP TITLE ПΠЕ MGRM ☐ Deteta ☐ Change Addition WAGNER, JOHN G M.D. NAME STE 120 5149 NORTH NINTH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32504 CITY-ST-ZIP ☐ Delete TITLE Change | Addition PHILLIPS, DAVID E M.D. NAME NAME STE 120 STREET ADORESS STREET ADORESS 5149 NORTH NINTH AVE CITY-ST-ZIP PENSACOLA, FL 32504 CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 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.

SER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #