

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000755

FILED
Apr 27, 2006
Secretary of State

Entity Name: COMPREHENSIVE FAMILY MEDICAL PROVIDER LTD.CO.

Current Principal Place of Business:

170 SOUTH BARFIELD HIGHWAY
PAHOKEE, FL 33476 US

New Principal Place of Business:

Current Mailing Address:

170 SOUTH BARFIELD HIGHWAY
PAHOKEE, FL 33476 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LAIMONT, RENE
1201 RIVIERA DRIVE N.E,
PALM BAY, FL 32905 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: METZLER, INGRID
Address: 6305 NW 23RD STREET
City-St-Zip: MARGATE, FL 33063 US

Title: MGRM () Delete
Name: CHRISTEN, IVORY J
Address: 10641 S.W. 37TH PLACE
City-St-Zip: DAVIE, FL 33328 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: INGRID METZLER

MGRM

04/27/2006

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