


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 17, 2006 08:00 A
Secretary of State

DOCUMENT # L04000001029 1. Entity Name GOLDCOAST PHYSICIAN'S SUPPLY, LLC	
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Principal Place of Business 27510 ERNEST CROFT RD DADE CITY, FL 33525 US	Mailing Address 27510 ERNEST CROFT RD DADE CITY, FL 33525 US
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DO NOT WRITE IN THIS SPACE



01302006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0536971	Applied For <input type="checkbox"/> 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 GUZELL, ROBERT P JR 27510 ERNEST CROFT RD DADE CITY, FL 33525

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

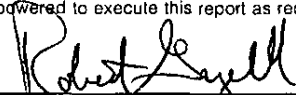
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUZELL, ROBERT P JR 27510 ERNEST CROFT RD DADE CITY, FL 33525
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U000000565163
05/20/06-80115-007 50.00

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: Robert Guzell 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____