

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000019485

1. Entity Name
LAKE GRAY FAMILY PHYSICIANS, L.L.C.



Principal Place of Business
**6142 COLLINS ROAD
JACKSONVILLE, FL 32244**

Mailing Address
**6142 COLLINS ROAD
JACKSONVILLE, FL 32244**



04102006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2147559

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**JAMES, ROBERT A
6142 COLLINS ROAD
JACKSONVILLE, FL 32244**

**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 relocating)

DATE

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

000000502515
04/25/06-80107-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JAMES, ROBERT A
6142 COLLINS ROAD
JACKSONVILLE, FL 32244**

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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 A. James* **Robert A. James**

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

4/10/06

Date

(904) 778-3200

Daytime Phone #