


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000032048 1. Entity Name DUNOON MEDICAL HOLDING, LLC		
Principal Place of Business 250 NW 183RD STREET MIAMI, FL 33169 US	Mailing Address 250 NW 183RD STREET MIAMI, FL 33169 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent TAYLOR, ALTHEA 250 NW 183RD STREET MIAMI, FL 33169		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TAYLOR, ALTHEA 250 NW 183RD STREET MIAMI, FL 33169	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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: <u>Althea Taylor</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<u>4/26/06</u> <u>3056550702</u> <small>Date Daytime Phone #</small>



04082006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1049394	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**