2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L04000035518

HOUSE DOCTOR CONTRACT SERVICE LLC.



FILED May 01, 2006 08:00 Al Secretary of State

Principal Place of Business	
2292 CYPRESS LANDING DR.	
ATLANTIC BCH., FL 32233	US

Mailing Address

2292 CYPRESS LANDING DR. ATLANTIC BCH., FL 32233

US.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

04182006 No Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For 59-3134087 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DELANEY, JOHN F 2292 CYPRESS LANDING DR. ATLANTIC BCH., FL 32233

DO NOT WRITE IN THIS SPACE

The above the obligat	named entity submits this statement for the purpose of charlens of registered agent.	nging 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 title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi Di	iling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELANEY, JOHN 2292 CYPRESS LANDING DR. ATLANTIC BEACH, FL 32233		-U00000545361 5/11/06-80111-023 50.00
TITLE Name Street Address City-St-Zip		DO N	OT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TH	IIS SPACE

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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

MAME STREET ADDRESS CITY-ST-ZIP

> NTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OR P

MANAGING MEMBER

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