

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044819

**FILED**  
**Apr 20, 2006**  
**Secretary of State**

**Entity Name:** TRACY S. FANSLER, M.D., LLC

**Current Principal Place of Business:**

1609 PASADENA AVENUE SOUTH  
SUITE 2-C  
SAINT PETERSBURG, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

13200 72ND AVE. NORTH  
SEMINOLE, FL 33776

**New Mailing Address:**

FEI Number: 20-1240476

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AEBEL, ERIN SMITH  
101 EAST KENNEDY BLVD.  
SUITE 2800  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

FANSLER, TRACY S  
1609 PASADENA AVE  
#2-C  
ST. PETERSBURG, FL 33707 US

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: TRACY S. FANSLER

04/20/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FANSLER, TRACY S M.D.  
Address: 13200 72ND AVENUE NORTH  
City-St-Zip: SEMINOLE, FL 33776

**ADDITIONS/CHANGES:**

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: TRACY S. FANSLER

DR.

04/20/2006

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