


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L04000046643 1. Entity Name CYNTHIA JANUS, M.D., PL |  |
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| Principal Place of Business 1701 MAGDALENE MANOR DRIVE TAMPA, FL 33613 | Mailing Address P.O. BOX 273387 TAMPA, FL 33688 |
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03012006 No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 13-4282816 | Applied For Not Applicable |
| 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 JANUS, CYNTHIA M.D. 1701 MAGDALENE MANOR DRIVE TAMPA, FL 33613 |
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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 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM JANUS, CYNTHIA M.D. 1701 MAGDALENE MANOR DRIVE TAMPA, FL 33613 |
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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: Cynthia Janus, MD, PL March 2, 2006 (813) 964-1130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #