

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000046775

**FILED**  
**Jan 21, 2006**  
**Secretary of State**

**Entity Name:** GULF BREEZE PEDIATRIC SERVICES P.L.

**Current Principal Place of Business:**

335 ANDREW JACKSON  
GULF BREEZE, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

335 ANDREW JACKSON  
GULF BREEZE, FL 32561

**New Mailing Address:**

**FEI Number:** 20-1358617

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RINEY, THOMAS D  
204 CENTER DRIVE  
GULF BREEZE, FL 32561 US

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

RINEY, THOMAS D  
335 ANDREW JACKSON TRAIL  
GULF BREEZE, FL 32561 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: TOM RINEY

01/21/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RINEY, THOMAS  
Address: 204 CENTER DRIVE  
City-St-Zip: GULF BREEZE, FL 32561

**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: TOM RINEY

DR

01/21/2006

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