

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jul 05, 2006
Secretary of State**

DOCUMENT# L04000050348

Entity Name: FAUSTA NAZAIRE, M.D., P.L.

Current Principal Place of Business:

12977 SOUTHERN BOULEVARD, SUITE 100
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

12977 SOUTHERN BOULEVARD, SUITE 100
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 20-1351092 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RUTHERFORD MULHALL, P.A.
2600 N. MILITARY TRAIL, 4TH FLOOR
BOCA RATON, FL 33431 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NAZAIRE, FAUSTA M.D.
Address: 12977 SOUTHERN BOULEVARD, SUITE 100
City-St-Zip: LOXAHATCHEE, FL 33470

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: FAUSTA NAZAIRE, M.D.

MGRM

07/05/2006

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