# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 06, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # L04000053990

1. Entity Name
PUNTA GORDA VILLAGE HEALTH CENTERS, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 329 E. OLYMPIA AVENUE<br>PUNTA GORDA, FL 33950 | 329 E. OLYMPIA AVENUE<br>PUNTA GORDA, FL 33950 |

01192006No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
20-1459836
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DUNN, RANDALL F
329 E OLYMPIA AVENUE
PUNTA GORDA, FL 33950

**DO NOT WRITE IN THIS SPACE**

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 _____ 2-1-06
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 |
|---|---|
| TITLE | MGR |
| NAME | GILMAN, MILES E |
| STREET ADDRESS | 3769 STEWART AVENUE |
| CITY-ST-ZIP | MIAMI, FL 33133 |
| TITLE | MGRM |
| NAME | DUNN, RANDALL F |
| STREET ADDRESS | 2211 BERMUDA STREET |
| CITY-ST-ZIP | PORT CHARLOTTE, FL 33980 |
| TITLE | |
| NAME | |
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02/17/06-80049-011 50.00

**DO NOT WRITE IN THIS 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:** _____ 2/1/06 (941) 639-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #