

**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	
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Principal Place of Business 329 E. OLYMPIA AVENUE PUNTA GORDA, FL 33950	Mailing Address 329 E. OLYMPIA AVENUE PUNTA GORDA, FL 33950
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01192006 No Chg-LLC

CR2E083 (11/05)

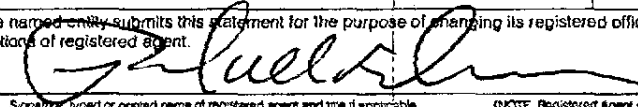
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4. FEI Number 20-1459836	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DUNN, RANDALL F 329 E OLYMPIA AVENUE PUNTA GORDA, FL 33950
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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.

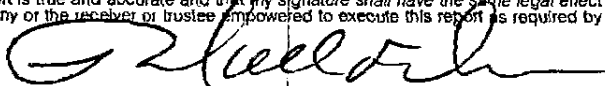
SIGNATURE  **2-1-06**
Signature, typed or printed name of registered agent and time if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GILMAN, MILES E 3769 STEWART AVENUE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUNN, RANDALL F 2211 BERMUDA STREET PORT CHARLOTTE, FL 33980
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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:  **2/1/06 (941) 639-8700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #