


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L04000053990</b> 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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01122007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1459836	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**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 \_\_\_\_\_  
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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

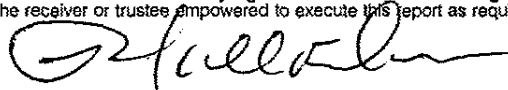
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GILMAN, MILES E 3769 STEWART AVENUE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DUNN, RANDALL F 2211 BERMUDA STREET PORT CHARLOTTE, FL 33980
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01/29/07-80021-014 50.00

**DO NOT WRITE  
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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:**



1-07

9418151107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #