

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000055765**

1. Entity Name  
**DIANE L. SUTTON, M.D., LLC**



Principal Place of Business  
**6671 13TH AVENUE NORTH  
SUITE 1A  
SAINT PETERSBURG, FL 33710 US**

Mailing Address  
**6671 13TH AVENUE NORTH  
SUITE 1A  
SAINT PETERSBURG, FL 33710 US**



04122006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**38-3711048**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SUTTON, DIANE L  
6671 13TH AVENUE NORTH  
SUITE 1A  
SAINT PETERSBURG, FL 33710**

**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

*Diane L. Sutton, M.D.*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*April 12, 2006*

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
**MGR  
SUTTON, DIANE L  
6671 13TH AVENUE NORTH SUITE 1A  
ST PETERSBURG, FL 33710**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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CITY- ST- ZIP

1100000509219  
04/28/06-80031-024 55.00

**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:**

*Diane L. Sutton, M.D.* (*DIANE L. SUTTON, M.D.*)

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

Date

Daytime Phone #

(727) 345-7600  
4-18-06