## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000058485

## **FILED** Jul 25, 2006 8:00 am Secretary of State 07-03-2006 90094 020 \*\*\*\*50.00

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MELBOURNE MEDICINE & SURGERY ASSOCIATES, LLC										
Principal Place 1251 S. HICK MELBOURNE,	ORY STREE	T	Mailing Address 1251 S. HICKORY STREET MELBOURNE, FL 32901 US			11250214	e (* 2011) <b>210</b> 11 2211 <b>2211</b> 1 <b>22</b>		11 <b>8196</b> ) ( <b>818</b> ) <b>2</b> (1	MET IN IEEL
2. Principal Pl	ace of Busin	less	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			06302006	Chg-LLC	CR2E0	83 (11/05)	
City & State			City & State			4. FEI Num	08958	06	<u> </u>	piled For t Applicable
Zip		Country	Zip	Cour	ntry	5. Certifica	te of Status Desired		\$5.00 Add Fee Required	
	6. Name	and Address of Current R	legistered Agent			7. Name a	nd Address of New I	Registered A	gent	
EISENMEN	IGER GE	REGORY W ESQUIRE	<del></del>		Name					
5450 VILLA VIERA, FL	AGE DRIV	/E	Street Address			ss (P.O. Box Num	ber is Not Acceptable	e)		
( ************************************					City			FL	Zip Code	•
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, lyped or pricted name of registered agent and title if applicable. (MOTE: Registered Agent signature required when rehistating)  OATE										
Fill • Due b	ing Fee is y Septer	s \$50.00 nber 6, 2006						ke check po la Departmo		
9.	MANAGING MEMBERS/MANAGERS			10.			ADDITIONS	/CHANGES		
TITLE NAME STREET ADDRESS	MGRM Delete GAYDEN, JOHN M MD 1251 S. HICKORY STREET								Change	☐ Addition
TITLE	MELBOU	RNE, FL 32901	☐ Delete	TITL	LE				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP					ME EET ADDRESS Y-ST-ZIP					
TITLE NAME STHEET ADDRESS			☐ Delipta	TITL NAM STR					☐ Change	☐ Addition
CITY-ST-Z/P				-	Y-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP			Deleta						☐ Crange	Addition
TITLE			☐ Delete	rm					Change	Addition
NAME STREET ADDRESS				NAA Str	ME BEET ADDRESS					
CITY-51-2IP	].			cm	Y-ST-ZIP					
TITLE NAME			☐ Deleta	TITE NAA CYTO	ME				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP					Y-ST-ZIP					
11. I hereby certify that the information supplied with this filling 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 eccurate and that my signature shall have the same logal effect as if made under eath; that if 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: 6-29-06 SIGNATURE AND APED ON PRINTED HAME OF SUME OF SUME OF SUME PIECES HAMAGER, OR AUTHORIZED REPRESENTATIVE DIES DESCRIPTIONS OF THE PIECES O										