

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000060207

FILED
Apr 21, 2005
Secretary of State

Entity Name: FAMILY PRACTICE & INTERNAL MEDICINE OF THE PALM BEACHES, LLC

Current Principal Place of Business:

3401 PGA BLVD. SUITE 330
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

3401 PGA BLVD.
SUITE 330
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

102 OLIVERA WAY
PALM BEACH GARDENS, FL 33418

New Mailing Address:

3401 PGA BOULEVARD
SUITE 330
PALM BEACH GARDENS, FL 33410

FEI Number: 34-2036409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONADIES HALICKMAN, DOREEN
102 OLIVERA WAY
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: HALICKMAN, JACK F M.D.
Address: 102 OLIVERA WAY
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JACK F. HALICKMAN

MGR

04/21/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date