

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 07, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000060207	
1. Entity Name FAMILY PRACTICE & INTERNAL MEDICINE OF THE PALM BEACHES, LLC	

Principal Place of Business 3401 PGA BLVD. SUITE 330 PALM BEACH GARDENS, FL 33410	Mailing Address 3401 PGA BOULEVARD SUITE 330 PALM BEACH GARDENS, FL 33410
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09042006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 34-2036409	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BONADIES HALICKMAN, DOREEN 102 OLIVERA WAY PALM BEACH GARDENS, FL 33418

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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.

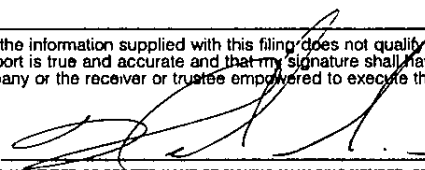
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 6, 2006	U000000576381- 09/07/06-80003-005 50.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HALICKMAN, JACK F M.D. 102 OLIVERA WAY PALM BEACH GARDENS, FL 33418
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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: 	9/4/2006 (561) 77-6-8891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #

77-6-8891