

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000060207

**FILED**  
**Apr 30, 2007**  
**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 33410

**New Principal Place of Business:**

**Current Mailing Address:**

3401 PGA BOULEVARD  
SUITE 330  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

**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/MANAGERS:**

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 exemption stated in Chapter 119, 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

04/30/2007

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