


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000061239**

1. Entity Name  
**BIG BEND MEDICAL PARK, LLC**



Principal Place of Business 27001 US HWY 19 N SUITE 2095 CLEARWATER, FL 33761	Mailing Address 27001 US HWY 19 N SUITE 2095 CLEARWATER, FL 33761
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**DO NOT WRITE IN THIS SPACE**



03032006 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-1511657</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

SCHER, DAVID  
 27001 US HWY 19 N  
 SUITE 2095  
 CLEARWATER, FL 33761

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEIN-WHITEHEAD 27001 US HWY 19 N, STE 2095 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BIG BEND INVESTMENTS, LLC 27001 US HWY 19 N, STE 2095 CLEARWATER, FL 33761
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 04/22/06-80017-003 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:** *Loren M Pollack* **Loren M Pollack** 3/25/06 727 796-1077  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #