

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000063600

FILED
Apr 25, 2006
Secretary of State

Entity Name: JACOB H. GOLDBERGER, M.D., LLC

Current Principal Place of Business:

13685 DOCTORS WAY
SUITE 210
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

13685 DOCTORS WAY
SUITE 210
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 20-1555975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDBERGER, JACOB H M.D.
1220 KASAMADA DRIVE
FT. MYERS, FL 33919 US

Name and Address of New Registered Agent:

GOLDBERGER, JACOB H M.D.
13685 DOCTORS WAY SUITE 210
FT. MYERS, FL 33912 US

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: JACOB H. GOLDBERGER, M. D.

04/25/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOLDBERGER, JACOB H
Address: 1220 KASAMADA DRIVE
City-St-Zip: FT. MYERS, FL 33919

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOLDBERGER, JACOB H
Address: 13685 DOCTORS WAY #210
City-St-Zip: FT. MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify for the 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: JACOB H. GOLDBERGER, M. D.

PRES

04/25/2006

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