

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000072793**  
 1. Entity Name  
**JOAN B. PINCUS, MD, LLC**



Principal Place of Business      Mailing Address  
**10313 SW 48TH PLACE**      **10313 SW 48TH PLACE**  
**GAINESVILLE, FL 32608**      **GAINESVILLE, FL 32608**

**DO NOT WRITE IN THIS SPACE**



04182006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number      Applied For  
**20-1739200**      Not Applicable

5. Certificate of Status Desired       **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**PINCUS, JOAN B**  
**10313 S.W. 48TH PLACE**  
**GAINESVILLE, FL 32608**

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7. The above named entity submits this statement, by signing 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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reappointing)

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

8. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PINCUS, JOAN B 10313 S.W. 48TH PLACE GAINESVILLE, FL 32608
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05/05/06-80112-019 90.00

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:** *Joan Pincus*      4/19/06      (352)682-3010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #