
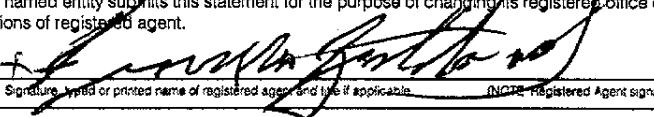
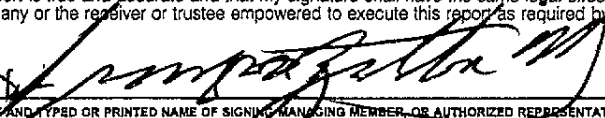


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000075978 1. Entity Name FRANCISCO BAUTISTA MD LLC		
Principal Place of Business 10258 S.W. 16TH STREET PEMBROKE PINES, FL 33025	Mailing Address 10258 S.W. 16TH STREET PEMBROKE PINES, FL 33025	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BAUTISTA, FRANCISCO 10258 S.W. 16TH STREET PEMBROKE PINES, FL 33025		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: 01/25/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2006		1100000404067 02/06/06-80030-025 50.00
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAUTISTA, FRANCISCO 10258 S.W. 16TH STREET PEMBROKE PINES, FL 33025	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAUTISTA, NORMA A 10258 S.W. 16TH STREET PEMBROKE PINES, FL 33025	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  DATE: 01/25/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		