

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080377

FILED
Mar 07, 2006
Secretary of State

Entity Name: ROBERT W. BURNS, M.D., F.A.C.S., P.L.

Current Principal Place of Business:

521 W. ST. RD. 434
LONGWOOD, FL 32750

New Principal Place of Business:

521 W. ST. RD. 434
SUITE 306
LONGWOOD, FL 32750

Current Mailing Address:

521 W. ST. RD. 434
LONGWOOD, FL 32750

New Mailing Address:

521 W. ST. RD. 434
SUITE 306
LONGWOOD, FL 32750

FEI Number: 20-1877093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE.
DAYTONA BEACH, FL 32114 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: BURNS, ROBERT W M.D.
Address: 521 W. ST. RD. 434
City-St-Zip: LONGWOOD, FL 32750

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 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: ROBERT W. BURNS M.D.

MGR

03/07/2006

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