

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90066 023 \*\*\*\*55.00

**DOCUMENT # L04000082053**

1. Entity Name  
**CENTRAL FLORIDA NEB DOCTORS L.L.C.**



Principal Place of Business  
**4088 SNOWY EGRET DR.  
MELBOURNE, FL 32904**

Mailing Address  
**P.O. BOX 060609  
ATTN: MARTIN F. DUPREY  
PALM BAY, FL 32906**



2. Principal Place of Business  
**4640 Lipscomb St. NE.**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite # 8**

Suite, Apt. #, etc.

City & State  
**Palm Bay, FL**

City & State

Zip  
**32905**

Country  
**USA**

Zip

Country

03312006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**76-0769829**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**DUPREY, MARTIN F  
4088 SNOWY EGRET DR.  
MELBOURNE, FL 32904**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
DUPREY, MARTIN F  
4088 SNOWY EGRET DR.  
MELBOURNE, FL 32904** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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.

**Martin F. Duprey (MGR)**

**SIGNATURE: Martin F. Duprey**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**3/31/06 321-727-1836**

Date

Daytime Phone #