2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

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Entity Name: CENTRAL FLORIDA NEB DOCTORS L.L.C.

Current Principal Place of Business:

4640 LIPSCOMB ST NE
STE #8
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

P.O. BOX 060609
ATTN: MARTIN F. DUPREY
PALM BAY, FL 32906 US

FEI Number: 76-0769829 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DUPREY, MARTIN F
4088 SNOWY EGRET DR.
MELBOURNE, FL 32904 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: DUPREY, MARTIN F
Address: 4088 SNOWY EGRET DR.
City-St-Zip: MELBOURNE, FL 32904

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: MARTIN F. DUPREY MGR 01/05/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date