


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000085033 1. Entity Name GULF COAST MEDICAL DIRECTORS, L.L.C.	
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Principal Place of Business 1196 MARY LOU LANE GULF BREEZE, FL 32563	Mailing Address 1196 MARY LOU LANE GULF BREEZE, FL 32563
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03292008 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1926063	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SAVARY, JOHNSON S JR. C/O DUNLAP & MORAN, P.A. 22 SOUTH LINKS AVE., SUITE 300 SARASOTA, FL 34236
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**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 _____
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**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMITH, GREGORY M.M.D. 1196 MARY LOU LANE GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEKER, JAMES M.D. 976 GONDOLIER BLVD. GULF BREEZE, FL 32563
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04/13/06-80079-009 50.00

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]* **3/28/06 850-911-1862**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #