2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2006
Secretary of State

DOCUMENT# L04000086874

Entity Name: PALMS MEDICAL PARK, LLC

Current Principal Place of Business:

7879 SE 12TH CIRCLE
OCALA, FL 34480

New Principal Place of Business:

321 SE 29TH PL #102
OCALA, FL 34471

Current Mailing Address:

7879 SE 12TH CIRCLE
OCALA, FL 34480

New Mailing Address:

FEI Number: 59-3790364 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROHATGI, RAKESH
7879 SE 12TH CIRCLE
OCALA, FL 33480 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: ROHATGI, RAKESH
Address: 7879 SE 12TH CIRCLE
City-St-Zip: OCALA, FL 34480

Title: MGR ( ) Delete
Name: ROHATGI, REKHA
Address: 7879 SE 12TH CIRCLE
City-St-Zip: OCALA, FL 34480

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: REKHA ROHATGI MGR 02/09/2006

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