


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**Jun 06, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90055 039 \*\*\*\*50.00

<b>DOCUMENT # L04000088251</b>					
1. Entity Name COOPERATIVEMED PALM HARBOR, LLC					
Principal Place of Business 2702 TAMPA ROAD PALM HARBOR, FL 34684			Mailing Address 2702 TAMPA ROAD PALM HARBOR, FL 34684		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <del>XXXXXXXXXX</del> 71-0983930	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent AGIN, BRENT J MD 1856 SPRINGWOOD CIRCLE SOUTH CLEARWATER, FL 33763			7. Name and Address of New Registered Agent Name: MICHAEL L O'NEAL DO Street Address (P.O. Box Number is Not Acceptable): 1930 SEAGULL DRIVE #206 City: PALM HARBOR FL Zip Code: 34685		
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: <u>MONTANA</u> (NOTE: Registered Agent signature required when reappointing) DATE: <u>4/27/06</u>					
Filing Fee is \$50.00. Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MEMBERSHIP MEDICAL MANAGEMENT COMPANY, INC 2702 TAMPA ROAD PALM HARBOR, FL 34684 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>MONTANA</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE: <u>4/27/06</u> TELEPHONE: <u>727 784-8849</u>		

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