2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000089709

1. Entity Name
PALMS MEDICAL PROPERTIES, LLC

Principal Place of Business	Mailing Address
237 NORTH CAUSEWAY NEW SMYRNA BEACH, FL 32169	237 NORTH CAUSEWAY NEW SMYRNA BEACH, FL 32169

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03072006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2003707
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NULAND, CHRISTPHER L
1000 RIVERSIDE AVENUE STE. 115
JACKSONVILLE, FL 32204

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	METCHICK, LEE N M.D
STREET ADDRESS	237 NORTH CAUSEWAY
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	MGRM
NAME	METCHICK, HEATHER M M.D
STREET ADDRESS	237 NORTH CAUSEWAY
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	MGRM
NAME	MURPHY, CHRISTOPHER B DPM
STREET ADDRESS	237 NORTH CAUSEWAY
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3/22/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #