


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90428 041 ****50.00

DOCUMENT # L04000093271 1. Entity Name PAUL GRANIERO, M.D., LC					
Principal Place of Business 3280 TAMiami TRAIL, SUITE 41 PORT CHARLOTTE FL 33952			Mailing Address 3280 TAMiami TRAIL, SUITE 41 PORT CHARLOTTE FL 33952 <i>see change below</i>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
OAKS, DAVID K 407 EAST MARION AVENUE, SUITE 101 PUNTA GORDA, FL 33950				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRANIERO, PAUL 3280 TAMiami TRAIL, SUITE 41 PORT CHARLOTTE FL 33952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	21178 Ocean Blvd., Suite 4 <input checked="" 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	
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	
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	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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><i>Paul B. Graniero M.D.</i></u> Paul B. Graniero M.D. <u>2/14/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					



1st MOORE CR2E083 (10/05)

4. FEI Number **11-1426413** Applied For ☐ Not Applicable ☐

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