

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90030 008 \*\*\*\*50.00

|  |   |   |   |   |  |
|--|---|---|---|---|--|
| <b>DOCUMENT # L05000014281</b><br>1. Entity Name<br>DAVID R. PARKER, PH.D., P.L.C.   |   |   |   |   |  |
| Principal Place of Business<br>1133 LOUISIANA AVE.<br>SUITE 207<br>WINTER PARK, FL 32789 US  |   |   | Mailing Address<br>1133 LOUISIANA AVE.<br>SUITE 207<br>WINTER PARK, FL 32789 US |   |  |
| 2. Principal Place of Business   |   | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |   |   |  |
| City & State   |   | City & State  |   |   |  |
| Zip  | Country   | Zip   | Country   | 04152006 Chg-LLC CR2E083 (11/05)<br>4. FEI Number <b>20-2316034</b>             |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |   |   |   | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| 6. Name and Address of Current Registered Agent  |   |   | 7. Name and Address of New Registered Agent                                     |   |  |
| LEFKOWITZ, IVAN M<br>430 N MILLS AVE<br>ORLANDO, FL 32803  |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |   |   |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |   | <b>Make check payable to<br/>Florida Department of State</b>      |   |   |  |
| 9. MANAGING MEMBERS / MANAGERS   |   |   | 10. ADDITIONS / CHANGES   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGR<br>PARKER, DAVID R PHD<br>1215 LOUISIANA AVE<br>WINTER PARK, FL 32789 | <input type="checkbox"/> Delete                                   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 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. |   |   |   |   |  |
| <b>SIGNATURE:</b>  |   | 4/15/06   |   | 407-574-8763  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   | Date  |   | Daytime Phone #   |  |