

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 16, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90016 050 \*\*\*\*50.00

30008499



04252006 Chg-LLC CR2E083 (11/05)

<b>DOCUMENT # L05000015796</b>	
1. Entity Name <b>DONNA G IVERY, MD LLC</b>	



Principal Place of Business <b>7075 NORTH US HWY #1 SUITE #500 PORT ST JOHN, FL 32927</b>	Mailing Address <b>7075 NORTH US HWY #1 SUITE #500 PORT ST JOHN, FL 32927</b>
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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	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>IVERY, DONNA G 555 ORADELL AVENUE TITUSVILLE, FL 32796</b>	

7. Name and Address of New Registered Agent	
Name	<b>Donna G. Ivery</b>
Street Address (P.O. Box Number is Not Acceptable)	
<b>2650 BOBCAT TRAIL</b>	
City	<b>TITUSVILLE FL 32780</b>

B. 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 **April 25, 2006**

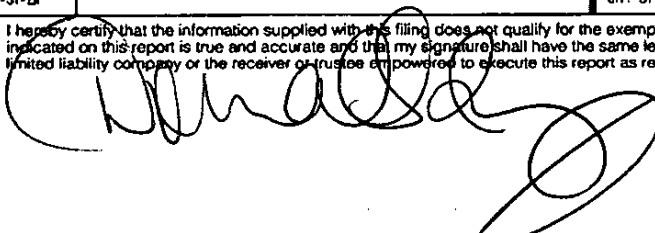
**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM IVERY, DONNA G 555 ORADELL AVENUE TITUSVILLE, FL 32796</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Donna G. Ivery 2650 Bobcat Trail Titusville, FL 32796</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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.

 **May 12, 2006**