APR-26-2006 WED 02:33 PM FAX 1

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May 04, 2006 8:00 am
Secretary of State
05-04-2006 90025 047 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000015963

1. Entity Name
C.E. BUNNELL AND ASSOCIATES, PLLC

60036354

Principal Place of Business	Mailing Address
225 WATAER STREET, SUITE 1800 JACKSONVILLE, FL 32202	225 WATAER STREET, SUITE 1800 JACKSONVILLE, FL 32202

2. Principal Place of Business		3. Mailing Address	
225 Water Street		225 Water Street	
Suite, Apt. #, etc.: Suite 1800		Suite, Apt. #, etc.: Suite 1800	
City & State: Jacksonville Fl		City & State: Jacksonville Fl	
Zip: 32202	Country: USA	Zip: 32202	Country: USA

04262006 Chg-LLC CR2E033 (11/05)

4. FEI Number: 20-2363700 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY
225 WATER STREET, SUITE 1800
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

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

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	manager member MGRM ☐ Delete Charles Edward Bunnell, M.D. 315 Violetwood Rd Deland Fl 32720	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: X Charles Edward Bunnell MD 4-26-06 386-736-7073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #