


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-27-2006 90024 043 ****55.00

DOCUMENT # L05000019928	
1. Entity Name RAYMUND M. DALA, M.D., P.L.C.	

Principal Place of Business 2601 EAST OAKLAND PARK BLVD., SUITE 5- FT. LAUDERDALE FL	Mailing Address 2601 EAST OAKLAND PARK BLVD., SUITE 5- FT. LAUDERDALE FL
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2. Principal Place of Business COASTAL TOWER - SUITE 211 Suite, Apt. #, etc. 2400 EAST COMMERCIAL BLVD.	3. Mailing Address COASTAL TOWER - SUITE 211 Suite, Apt. #, etc. 2400 EAST COMMERCIAL BLVD.
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1st MOORE

CR2E083 (10/05)

City & State FORT LAUDERDALE, FL.	City & State FORT LAUDERDALE, FL.
Zip 33308	Country U.S.A.

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent RAYMUND M. DALA, M.D., P.L.C. 2601 EAST OAKLAND PARK BLVD., SUITE 501- FT. LAUDERDALE FL
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7. Name and Address of New Registered Agent Name RAYMUND M. DALA, M.D., P.L.C. Street Address (P.O. Box Number is Not Acceptable) COASTAL TOWER - SUITE 211 2400 EAST COMMERCIAL BLVD. City FORT LAUDERDALE FL Zip Code 33308
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DALA, RAYMUND M.D. 2601 EAST OAKLAND PARK BLVD., SUITE 501 FT. LAUDERDALE FL <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	MGRM DALA, RAYMUND, M.D. COASTAL TOWER - SUITE 211 33308 2400 EAST COMMERCIAL BLVD. FT. LAUD, FL. <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 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: Raymund M. Dala, M.D., AS MGRM.

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/14/06 (954) 563-1940

Date Daytime Phone #