

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000022070

FILED
Jan 10, 2006
Secretary of State

Entity Name: SHAPSE MEDICAL PRACTICE, LLC

Current Principal Place of Business:

906A SOUTH FEDERAL HIGHWAY
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

906A SOUTH FEDERAL HIGHWAY
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 20-3155999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRESLEY, MICHAEL R ESQ
3452 W. BOYNTON BEACH BLVD STE 5
BOYNTON BEACH, FL 33436 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHAPSE, WILLIAM M.D.
Address: 906A SOUTH FEDERAL HIGHWAY
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SHAPSE, WILLIAM A M.D.
Address: 906A SOUTH FEDERAL HIGHWAY
City-St-Zip: BOYNTON BEACH, FL 33435

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM A. SHAPSE, M.D.

PRES

01/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date