

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000026431

1. Entity Name
SEBRING MEDICAL CONSULTING SERVICES, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL 10 AM 8:52

Principal Place of Business
6654 BEATRIX DRIVE
JACKSONVILLE, FL 32226

Mailing Address
6654 BEATRIX DRIVE
JACKSONVILLE, FL 32226

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07052006 Chg-LLC CR2E083 (11/05)

4. FEI Number

90-0271105

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEINSTEIN, SAUL F
6654 BEATRIX DRIVE
JACKSONVILLE, FL 32226

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 September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
WEINSTEIN, SAUL F
6654 BEATRIX DRIVE
JACKSONVILLE, FL 32226

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Change ☐ 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.

SIGNATURE: Saul F. Weinstein

7/06/06

904-354-8310

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

Date

Daytime Phone #