


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

4. **FILED**
May 01, 2006 8:00 am
Secretary of State

04-14-2006 90031 049 ****50.00

DOCUMENT # L05000029130			
1. Entity Name EAGLE MEDICAL GROUP, LLC			
Principal Place of Business 416 ADMIRAL COVE TARPON SPRINGS, FL 34689 US		Mailing Address 416 ADMIRAL COVE TARPON SPRINGS, FL 34689 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. <i>Suite 20 above</i>		Suite, Apt. #, etc. <i>Suite 20 above</i>	
City & State <i>Sarasota FL</i>		City & State <i>Sarasota FL</i>	
Zip	Country	Zip	Country
4. FEI Number <i>20-0515486</i>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CAVALIERI, WILLIAM M 416 ADMIRAL COVE TARPON SPRINGS, FL 34689		Name Street Address (P.O. Box Number is Not Acceptable) <i>Sarasota</i> 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 <i>William Cavalieri</i>		DATE <i>4/26/06</i>	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when retreating)	
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	MGR CAVALIERI, WILLIAM 416 ADMIRAL COVE TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CAVALIERI, WILLIAM JR. 2653 SIERRA VISTA WAY HOLIDAY, FL 34691 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMITH, MICHELLE M 6810 TIERRA LINDA STREET PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>10340 ARMADILLO COURT NEAR PORT RICHEY, FL 34654</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FARRELL, BRADY 6384 NW 93RD ST PARKLAND, FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CAVALIERI, JUDY I 416 ADMIRAL COVE TARPON SPRINGS, FL 34689 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>MGRM ROBERT R. CAVALIERI 1631 AFFRICAN VIOLET CT TRINITY, FL 34655</i>
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: <i>William Cavalieri</i>		DATE: <i>4/11/06</i> PHONE: <i>727-641-9042</i>	
Signature and typed or printed name of signing managing member, manager, or authorized representative		Date Daytime Phone #	