2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# L05000031202

Entity Name: THE KYLE CLINIC PLLC

Current Principal Place of Business:

1466 3RD ST. SOUTH
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

1110 A1A HWY. N.
#101
PONTE VEDRA, FL 32082 US

Current Mailing Address:

P.O. BOX 51371
JACKSONVILLE BEACH, FL 32240

New Mailing Address:

1110 A1A HWY. N.
#101
PONTE VEDRA, FL 32082 US

FEI Number: 20-2726804 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KYLE, JAMES
184 LAUREL LANE
PONTE VEDRA, FL 32082 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: MGRM ( ) Delete
Name: KYLE, JAMES
Address: 184 LAUREL LANE
City-St-Zip: PONTE VEDRA, FL 32082

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JAMES M. KYLE, MD MGRM 04/18/2006

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