



**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

01-31-2006 90025 027 \*\*\*\*50.00

<b>DOCUMENT # L05000032741</b>					
1. Entity Name MCDONALD MEDICAL SURGICAL LLC					
Principal Place of Business 2828 CASA ALOMA WAY SUITE 300 WINTER PARK, FL 32792			Mailing Address 1801 GRINNELL TERRACE WINTER PARK, FL 32789		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>51-0545055</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MCDONALD, MALCOLM H. 1801 GRINNELL TERRACE WINTER PARK, FL 32789				7. Name and Address of New Registered Agent	
				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 _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
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 MCDONALD, MALCOLM H 1801 GRINNELL TERRACE WINTER PARK, FL 32789	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 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: 			Date: 1/27/06 Daytime Phone #: 407-677-6500		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					



01042006 Chg-LLC CR2E083 (11/05)



ATTACHMENT  
30601010

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 3, 2006

MCDONALD MEDICAL SURGICAL LLC  
1801 GRINNELL TERRACE  
WINTER PARK, FL 32789

Subject: MCDONALD MEDICAL SURGICAL LLC

Reference Number: E05000032741

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you **MUST** now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI-number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION