2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 30, 2006
Secretary of State

DOCUMENT# L05000039697

Entity Name: FAMILY PRACTICE OF CELEBRATION, P.L.C.

Current Principal Place of Business:

660 CELEBRATION AVENUE, SUITE 180
CELEBRATION, FL 34747

New Principal Place of Business:

660 CELEBRATION AVENUE
SUITE 180
CELEBRATION, FL 34747

Current Mailing Address:

660 CELEBRATION AVENUE, SUITE 180
CELEBRATION, FL 34747

New Mailing Address:

660 CELEBRATION AVENUE
SUITE 180
CELEBRATION, FL 34747

FEI Number: 52-2458100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

RIBINO, NICHOLAS J
159 LOOKOUT PLACE , SUITE 101
MAITLAND, FL 327514466 US

Name and Address of New Registered Agent:

RUBINO, NICHOLAS J
159 LOOKOUT PLACE , SUITE 101
MAITLAND, FL 327514466 US

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: NICHOLAS J RUBINO 07/30/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: PFEIFFER, JOHN A
Address: 660 CELEBRATION AVENUE, SUITE 180
City-St-Zip: CELEBRATION, FL 34747

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: JOHN A. PFEIFFER PRES 07/30/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date