

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000040796

FILED
Feb 20, 2006
Secretary of State

Entity Name: FLORIDA INTERNAL MEDICINE, PL

Current Principal Place of Business:

2683 WYNDSOR OAKS WAY
WINTER HAVEN, FL 33884

New Principal Place of Business:

601 E. DIXIE AVE
STE#802
LEESBURG, FL 34748

Current Mailing Address:

2683 WYNDSOR OAKS WAY
WINTER HAVEN, FL 33884

New Mailing Address:

2405 E MOONLIGHT LN
EUSTIS, FL 32726

FEI Number: 20-2768583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BANALA, DWARKNADH R
2683 WYNDSOR OAKS WAY
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

BANALA, DWARKNADH R
601 E. DIXIE AVE.
STE# 802
LEESBURG, FL 34748 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: DWARAKNADH BANALA

02/20/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: BANALA, DWARAKNADH R MGRM
Address: 601 E. DIXIE AVE, STE# 802
City-St-Zip: LEESBURG, FL 34748

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: DWARAKNADH R BANALA

MGRM

02/20/2006

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