FILED
Jun 29, 2006 8:00 am
Secretary of State
06-12-2006 90336 025 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000060239

1. Entity Name
GERALD E. TOWNSEND, LLC

30011394

06062006 Chg-LLC CR2E083 (11/05)

Principal Place of Business	Mailing Address
25 NORTH ST. AUGUSTINE BOULEVARD ST. AUGUSTINE, FL 32080	25 NORTH ST. AUGUSTINE BOULEVARD ST. AUGUSTINE, FL 32080

2. Principal Place of Business	3. Mailing Address
1301 PLANTATION ISLAND DR	1301 PLANTATION ISLAND DR
Suite, Apt. #, etc.: STE, 305	Suite, Apt. #, etc.: STE, 305
City & State: ST AUGUSTINE FL	City & State: ST AUGUSTINE FL
Zip: 32080-3108 Country:	Zip: 32080-3108 Country:

4. FEI Number: 20-2205831 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TOWNSEND, GERALD E 25 NORTH ST. AUGUSTINE BOULEVARD ST. AUGUSTINE, FL 32080	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOWNSEND, GERALD E 25 NORTH ST. AUGUSTINE BOULEVARD ST. AUGUSTINE, FL 32080 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] Gerald E. Townsend, MD. President 6/7/06 904-461-1901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

TOWNSEND CLINIC P.A.

1301 Plantation Island Drive South Suite 305 ▪ St. Augustine, FL 32080

30011394
#L05000060239

June 26, 2006

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Dear Division of Corporations:

Enclosed please find our 2006 Limited Liability Company Annual Report.
We have included our FEI number, as requested.

Thank you for following up on this.

Sincerely,

Gerald E. Townsend, MD

enc.

904/461-1901 ▪ Fax: 904/461-1902