2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 28, 2006 8:00 am Secretary of State

DOCUMENT # L05000063063 1. Entity Name DIANE S. AUBREY MS, ARNP, LLC						04-28-2006	5 90029 030 ****5	50.00
Principal Place	e of Business	Mailing Address				£UU.	3817Z	
226 58TH AVE. S. ST. PETERSBURG, FL 33705		226 58TH AVE. S. ST. PETERSBURG, FL 33705			. AAIKI AKIL KALII SACI PAI	IN Jama Chies (III) Sems Syss (11 112 1 HL 1 911 1	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		03092006	Chg-LLC	CR2E083 (11/05)	
City & State		City & State		4. FEI Numb	er	V	oplied For ot Applicable	
Zip Country		Zip	Country		<u> </u>	of Status Desired	□ \$5.00 Add Fee Require	
··	6. Name and Address of Curre	ent Registered Agent		Name 🔘	7. Name and	Address of New R	Registered Agent	
AUBREY.	DIANE S ARNE			To	iula t	Romi	COL	
226 58TH				Street Addr	ess (P.O. Box Numb	er is Not Acceptable	št,5	
				City <	10		Zip Cod	le 6 5
8. The above named entity sobmitt this tratement for the purpose of changing its regi				\sim	FI PETE.		FL 450	705
the obligation	named easily spontill this paternen ions or registrated agent.	it for the purpose of changing its i	registere	HO OTTICE OF FEC	gistered agent, or bo	th, in the State of FK	orgia. 1 am familiar with,	and accept
OIGHATOTIE :	Sign ture, typed or printed name of registered ag	gent and title if applicable. (NOTE	. Registered	l Agent signature re	equired when reinstating)		DATE	
Fi	iling Fee is \$50.00 ue by May 1, 2006						te check payable to a Department of Stat	e
Fi	ue by May 1, 2006	MBERS/MANAGERS	10.	-			a Department of Stat	e
9.	MANAGING MEN	ABERS/MANAGERS	THILE	1		Florida	a Department of Stat	e Addition
9. IIILE NAME	MANAGING MEN MGR AUBREY, DIANE S ARNP		TITLE			Florida	Department of Stat	
9.	MANAGING MEN	□ Delete	TITLE NAME STREE	1		Florida	Department of Stat	
9. TITLE NAME STREET ADDRESS	MANAGING MEN MGR AUBREY, DIANE S ARNP 226 58TH AVE. S.	□ Delete	TITLE NAME STREE	ET AODRESS ST-ZIP		Florida	Department of Stat	
9. ITTLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEN MGR AUBREY, DIANE S ARNP 226 58TH AVE. S.	□ Delete	THLE NAME STREE CITY-	ET AODRESS ST-ZIP		Florida	a Department of Stat	Addition
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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 LIGHT LUDIUM DIANES. AUDIGNI SIGNATURE AND TYPED OR PRINTED MANY OF SIGNING MANY GIRLS WENDER, MANAGER, OR AUTHORIZED REPRESENTATIVE

727) 698-3479
Date Daytime Phone #