2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063245

FILED
Jan 14, 2006
Secretary of State

Entity Name: JOHN W. TYRONE, MD, PLLC

Current Principal Place of Business:

6520 NW 9TH BLVD.
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

3918 SW 92ND TERRACE
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 20-3055267 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TYRONE, JOHN W
3918 SW 92ND TERRACE
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

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: ______________________________

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: TYRONE, JOHN W
Address: 3918 SW 92ND TERRACE
City-St-Zip: GAINESVILLE, FL 32608

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 W. TYRONE, III, MD MGRM 01/14/2006

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