2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2006
Secretary of State

DOCUMENT# L05000071234

Entity Name: MULTIPLE MEDICAL SPECIALIST, LLC

Current Principal Place of Business:

5115 ORTEGA FARMS BOULEVARD
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

5115 ORTEGA FARMS BOULEVARD
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUSHING, ROBERT K
1515 RIVERSIDE AVENUE
SUITE A
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

HUSSAIN, SYED S
5115 ORTEGA FARMS BLVD.
JACKSONVILLE, FL 32210 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: SYED S HUSSAIN 04/15/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HUSSAIN, SYED S
Address: 5115 ORTEGA FARMS BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32210 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HUSSAIN, SYED S
Address: 7628-7 103RD STREET
City-St-Zip: JACKSONVILLE, FL 32210 US

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: SYED S HUSSAIN MRGM 04/15/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date