

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079410

FILED
May 15, 2006
Secretary of State

Entity Name: CBMC 100 MEDICAL OFFICE, LLC

Current Principal Place of Business:

1395 N COURTENAY PARKWAY
SUITE 100
MERRITT ISLAND, FL 32953 US

New Principal Place of Business:

Current Mailing Address:

1395 N COURTENAY PARKWAY
SUITE 100
MERRITT ISLAND, FL 32953 US

New Mailing Address:

FEI Number: 20-3290749 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NAOUMOFF, KIMBERLY S
1395 N COURTENAY PARKWAY
SUITE 100
MERRITT ISLAND, FL 32953 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NAOUMOFF, KIMBERLY S
Address: 1395 N COURTENAY PARKWAY, #100
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: MGR () Delete
Name: NAOUMOFF, STEPHANE M
Address: 1395 N COURTENAY PARKWAY, #100
City-St-Zip: MERRITT ISLAND, FL 32953 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KIMBERLY NAOUMOFF

MGRM

05/15/2006

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