


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90033 021 ****55.00

DOCUMENT # L05000085964	
1. Entity Name TAYLOR COUNTY SURGEONS, LLC	

Principal Place of Business 1209 N. CENTER STREET PERRY, FL 32347	Mailing Address 1209 N. CENTER STREET PERRY, FL 32347
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

60001230



01102006 Chg-LLC CR2E083 (11/05)

4. FEI Number 01 0845195	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BARRETTE, RONALD J DO 1209 N. CENTER STREET PERRY, FL 32347	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BARRETTE, RONALD J DO 1209 N. CENTER STREET PERRY, FL 32347 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	1/09/06 850-584-8333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #