


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90089 020 ****55.00

DOCUMENT # L05000090979 1. Entity Name SMALL BLESSING BIRTH CENTER, PLLC					
Principal Place of Business 6150 DIAMOND CENTER COURT, BLDG. 400 FORT MYERS FL 33912			Mailing Address P.O. BOX 08249 FORT MYERS FL 33908		
2. Principal Place of Business Suite, Apt. #, etc. _____			3. Mailing Address Suite, Apt. #, etc. _____		
City & State _____			City & State _____		
Zip _____		Country _____		4. FEI Number 20-3506020	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent FOWLER WHITE BOGGS BANKER, P.A. 5811 PELICAN BAY BLVD., SUITE 600 NAPLES FL 34108				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLOY, RICHARD L 6150 DIAMOND CENTER COURT, BLDG. 400 FORT MYERS FL 33912 <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 Section 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: John Woodard **JOHN WOODARD, Vice President 1/25/06** 239-333-1156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #