2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 31, 2006
Secretary of State

DOCUMENT# L05000091521

Entity Name: V.I.P. MEDICAL SERVICES, LLC

Current Principal Place of Business:

1072 GOODLETTE ROAD
NAPLES, FL 34102 US

New Principal Place of Business:

5100 TAMIAMI TRAIL NORTH
NAPLES, FL 34103 US

Current Mailing Address:

1072 GOODLETTE ROAD
NAPLES, FL 34102 US

New Mailing Address:

PO BOX 110242
NAPLES, FL 34108 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

BALLENGER, GLENN J
1072 GOODLETTE ROAD
NAPLES, FL 34102 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: BRIAN D. LEE, MD, P., A.
Address: 1072 GOODLETTE ROAD
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BRIAN D. LEE, MD,
Address: 5100 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34103

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: BRIAN D. LEE, M.D. MGRM 08/31/2006

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