


FILED
Feb 15, 2006 8:00 am
Secretary of State

01-19-2006 90015 009 ****50.00

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

1/1

DOCUMENT # L05000095848			
1. Entity Name SUNTREE PHYSICIAN ASSOCIATES, LLC			
Principal Place of Business 901 JORDAN BLASS DRIVE SUITE 103 MELBOURNE, FL 32940		Mailing Address 901 JORDAN BLASS DRIVE SUITE 103 MELBOURNE, FL 32940	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEL Number 20-3551232		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, DAVID M 901 JORDAN BLASS DRIVE SUITE 103 MELBOURNE, FL 32940		7. Name and Address of New Registered Agent Name Matthew T. Burke, CPA Street Address (P.O. Box Number is Not Acceptable) 503 N. Orlando Ave. Suite 106 City Cocoa Beach FL Zip Code 32931	
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 Matthew T. Burke CPA DATE 1/6/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SMITH, DAVID M 901 JORDAN BLASS DRIVE #103 MELBOURNE, FL 32940 <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	MGR MARTINEZ-SOLIS, CARLOS 901 JORDAN BLASS DRIVE #103 MELBOURNE, FL 32940 <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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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
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 606, Florida Statutes. SIGNATURE: [Signature] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

ATTACHMENT



30000561

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2006

SUNTREE PHYSICIAN ASSOCIATES, LLC
901 JORDAN BLASS DRIVE
SUITE 103
MELBOURNE, FL 32940

Subject: ~~SUNTREE PHYSICIAN ASSOCIATES, LLC~~

Reference Number: **L05000095848**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION

*Sent original
to M. H. H. H.
H. H. H. H.
H. H. H. H.*