

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099463

FILED
Mar 15, 2006
Secretary of State

Entity Name: APEX HOUSE CALL DOCTORS, LLC

Current Principal Place of Business:

6817 SOUTHPOINT PARKWAY, SUITE 1401
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6817 SOUTHPOINT PARKWAY, SUITE 1401
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 20-3677216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HEEKIN, T. GEOFFREY ESQ.
ONE INDEPENDENT DRIVE, SUITE 2200
JACKSONVILLE, FL 32202 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: CEO () Delete
Name: RALSTON, NANCY
Address: 6817 SOUTHPOINT PARKWAY, SUITE 1401
City-St-Zip: JACKSONVILLE, FL 32216

Title: CEO () Delete
Name: SPRIGGS, JAMES
Address: 6817 SOUTHPOINT PARKWAY, SUITE 1401
City-St-Zip: JACKSONVILLE, FL 32216

Title: CFO () Delete
Name: SNYDER, LORRIE
Address: 6817 SOUTHPOINT PARKWAY, SUITE 1401
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

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

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: LORRIE SNYDER

CFO

03/15/2006

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