

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113377

FILED  
Jan 17, 2006  
Secretary of State

Entity Name: DOCTORS CHOICE USVI, LLC

**Current Principal Place of Business:**

2914 N. STATE ROAD 7  
MARGATE, FL 33063 US

**New Principal Place of Business:**

**Current Mailing Address:**

2914 N. STATE ROAD 7  
MARGATE, FL 33063 US

**New Mailing Address:**

FEI Number: 20-4122804      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KING, PETER  
2914 N. STATE RD 7  
MARGATE, FL FL 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: MGR ( ) Delete  
Name: KING, PETER  
Address: 2914 N. STATE RD 7  
City-St-Zip: MARGATE, FL 33063

Title: MGR ( ) Delete  
Name: HAMMEN, JEFFRY T  
Address: 10371 NORTH LAKE VISTA CIRCLE  
City-St-Zip: DAVIE, FL 33328 FK

**ADDITIONS/CHANGES:**

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: PETER KING

MP

01/17/2006

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