

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000118001

FILED
Feb 07, 2006
Secretary of State

Entity Name: SPECIALTY DISEASE MANAGEMENT SERVICES - NY, LLC

Current Principal Place of Business:

3030 HARTLEY ROAD, STE. 290
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

3030 HARTLEY ROAD, STE. 290
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 20-3909057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITHERS, CHARLES W JR.
3030 HARTLEY ROAD, STE. 290
JACKSONVILLE, FL 32257 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: SPECIALTY DISEASE MANAGEMENT SERVICES, INC
Address: 3030 HARTLEY ROAD, SUITE 290
City-St-Zip: JACKSONVILLE, FL 32257 DU

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: CHARLES W. SMITHERS

MGR

02/07/2006

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