2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006
Secretary of State

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Entity Name: DRS. AKEL & FAVALE, P.L.

Current Principal Place of Business:

C/O GARY M. AKEL, O.D.
953 LANE AVENUE SOUTH
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

C/O GARY M. AKEL, O.D.
953 LANE AVENUE SOUTH
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 20-3991191 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AKEL, GARY M O.D.
953 LANE AVENUE SOUTH
JACKSONVILLE, FL 32205 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: DR. GARY M. AKEL, P., L.
Address: 953 LANE AVENUE SOUTH
City-St-Zip: JACKSONVILLE, FL 32205

Title: MGR ( ) Delete
Name: ANTHONY FAVALE, O.D., , P.A.
Address: 953 LANE AVENUE SOUTH
City-St-Zip: JACKSONVILLE, FL 32205

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: ANTHONY FAVALE MGR 03/27/2006

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