

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121445

FILED
Apr 20, 2006
Secretary of State

Entity Name: HUNT CLUB MEDICAL ASSOCIATES LLC

Current Principal Place of Business:

425 SOUTH HUNT CLUB BOULEVARD
1051
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

425 SOUTH HUNT CLUB BOULEVARD
1051
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 20-3971334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CERRUD, EURIBIADES II
1969 SOUTH ALAFAYA TRAIL
317
ORLANDO, FL 328288732 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: MGRM (X) Delete
Name: CHABAN, CARLOS
Address: 425 SOUTH HUNT CLUB BOULEVARD #1051
City-St-Zip: APOPKA, FL 32703 US

Title: MGRM () Delete
Name: VEGA-MONTALVO, WILFREDO
Address: 1118 SOUTH ORANGE AVENUE #205
City-St-Zip: ORLANDO, FL 32806 US

Title: MGRM (X) Delete
Name: ORTEGA, PEDRO L
Address: 1400 SOUTH ORLANDO AVENUE #101
City-St-Zip: WINTER PARK, FL 32789 US

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: WILFREDO VEGA-MONTALVO

MGRM

04/20/2006

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