


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED  
Jul 12, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # L9800000609</b> 1. Entity Name 2096 EAST OCEAN BOULEVARD, L.C.	
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Principal Place of Business 2096 SOUTHEAST OCEAN BLVD. STUART, FL 34996	Mailing Address 31 SE HARBOR POINT DR. STUART, FL 34996
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**DO NOT WRITE IN THIS SPACE**



04102006No Chg-LLC CR2E083 (11/05)

4. FEI Number 65-0841296	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

BARATTA, ROBERT O II  
31 SE HARBOR POINT DR.  
STUART, FL 34996

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

UN0000569675  
07/12/06-80008-008 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SURGERY CENTER OF STUART, INC. 31 SE HARBOR POINT DR. STUART, FL 34996
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** Robert O. Baratta II 4/10/06 772-223-0174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #