

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002702

FILED  
May 02, 2006  
Secretary of State

Entity Name: DONNA M. PINELLI, M.D., L.C.

## Current Principal Place of Business:

1002 SOUTH OLD DIXIE HIGHWAY, SUITE 203  
JUPITER, FL 33458

## New Principal Place of Business:

946 POMPANO DRIVE  
JUPITER, FL 33458

## Current Mailing Address:

P.O. BOX 1490  
JUPITER, FL 334681490

## New Mailing Address:

FEI Number: 65-0876881      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

PINELLI, DONNA MD,LC  
1002 SOUTH OLD DIXIE HIGHWAY, SUITE 203  
JUPITER, FL 33458      US

## Name and Address of New Registered Agent:

PINELLI, DONNA MD,LC  
946 POMPANO DRIVE  
JUPITER, FL 33458      US

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: DONNA M. PINELLI MDLC

05/02/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR      ( ) Delete  
Name: PINELLI, DONNA M  
Address: 1002 SOUTH OLD DIXIE HIGHWAY, SUITE 203  
City-St-Zip: JUPITER, FL 33458

## ADDITIONS/CHANGES:

Title: MGR      (X) Change      ( ) Addition  
Name: PINELLI, DONNA M  
Address: 946 POMPANO DRIVE  
City-St-Zip: JUPITER, FL 33458

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: DONNA M PINELLI MDLC

MGR

05/02/2006

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