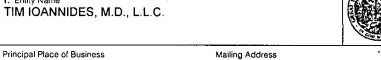
2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L9900000376 TIM IOANNIDES, M.D., L.L.C.

FILED Feb 22, 2006 8:00 am **Secretary of State**

02-22-2006 90111 044 ****50.00



1100 ST. LUCIE WEST BLVD SUITE 105 PORT ST. LUCIE, FL 34986



DO NOT WRITE IN THIS SPACE

02022006 No Chg-LLC CR2E083 (11/05)

4. FEI Number	Applied For
65-0888009	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

6. Name and Address of Current Registered Agent

IOANNIDES, TIM M.D. 1100 ST. LUCIE WEST BLVD **SUITE 105** PORT ST LUCIE, FL 34986

SIGNATURE:

1100 ST. LUCIE WEST BLVD

PORT ST. LUCIE, FL 34986

SUITE 105

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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 positive agent. SIGNATURE			
SIGNATURE	Signature Lifed or printed name of registered agent and life if applicable	(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$50.00 Due by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IOANNIDES, TIM M.D. 1801 SOUTH 23RD STREET, SUITE 5 FORT PIERCE, FL 34950		
HITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

IMPORTANT INSTRUCTIONS

- Make check payable to Florida Department of State.
 Check must be payable in United States Funds and through a United States Bank.
- Submit report with a separate check for each filing.
- The fee to file the limited liability company annual report is \$50.00. If a certificate of status is desired, please add an additional \$5.00. Only one certificate may be requested.
- Certificates will be mailed to the entity's mailing address only.
- Sign report in block 11.

Mail completed report to:

Division of Corporations P.O. Box 6198 Tallahassee, FL 32314 Courier Address: (overnight delivery)
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Questions?

Phone: (850) 245-6051 Hearing/Voice Impaired may call (850) 245-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.

No Chg-LLC CR2E083 (11/05)