

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

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

**DOCUMENT # L99000000376**

1. Entity Name  
TIM IOANNIDES, M.D., L.L.C.



Principal Place of Business

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

Mailing Address

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



02022006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0888009

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**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 a registered agent.

SIGNATURE

Signature of registered agent and title 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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
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STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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:**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

ATTACHMENT 20009810  
#L99000000376

## 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.