

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000001131**

1. Entity Name

MITCHELL J. FREED, M.D., P.L.



Principal Place of Business

2501 NORTH ORANGE AVENUE, SUITE 505  
ORLANDO, FL 32804

Mailing Address

2501 NORTH ORANGE AVENUE, SUITE 505  
ORLANDO, FL 32804



01122006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

52-2149570

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FREED, MITCHELL J M.D.  
2501 NORTH ORANGE AVENUE, SUITE 505  
ORLANDO, FL 32804

**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

Signature, typed or printed name 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

MGRM

FREED, MITCHELL J M.D.

2501 NORTH ORANGE AVENUE, SUITE 505

ORLANDO, FL 32804

TITLE

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CITY-ST-ZIP

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CITY-ST-ZIP

000000446536  
03/08/06-80014-021 50.00

**DO NOT WRITE  
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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #