

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002602

FILED
Feb 09, 2006
Secretary of State

Entity Name: HAAS MEDICAL ASSOCIATES, LC

Current Principal Place of Business:

510 LONGMEADOW STREET
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

510 LONGMEADOW STREET
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 59-3581105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BABIONE, MARCIA S
4060 EDGEWATER DR
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HAAS, BRIAN D
Address: 510 LONGMEADOW STREET
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM () Delete
Name: HAAS, DIANNE C
Address: 510 LONGMEADOW STREET
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRIAN HAAS

MGRM

02/09/2006

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