


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

<b>DOCUMENT # L99000003375</b> 1. Entity Name ISLAND FAMILY PHYSICIANS, L.L.C.	
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Principal Place of Business 3909 EAST BAY DRIVE, SUITE 100 HOLMES BEACH, FL 34217	Mailing Address 3909 EAST BAY DRIVE, SUITE 100 HOLMES BEACH, FL 34217
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04032006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0926775	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  PELHAM, STEPHEN G M.D. 3909 EAST BAY DRIVE, SUITE 100 HOLMES BEACH, FL 34217
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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 registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable


**Filing Fee is \$50.00  
Due by May 1, 2006**

1100000532873  
05/06/06-811111-1122 511 111

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PELHAM, STEVEN G 408 SPRING AVENUE ANNA MARIA, FL 34217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOSFELD, SCOTT L 702 JACARANDA ANNA MARIA, FL 34216
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**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:  4/11/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #