2006 LIMITED LIABILITY COMPANY

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ANNUAL REPORT				Apr 24, 2006 08:00	
DOCUMENT # L99000003375				Sec	retary of Stat
1. Entity Name					•
ISLAND	FAMILY PHYSICIANS, L.L.C), .			
Principal Place of Business Mailing Address			1		
3909 EAST BAY DRIVE, SUITE 100 HOLMES BEACH, FL 34217		3909 EAST BAY DRIVE, SUITE 100 HOLMES BEACH, FL 34217			
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				04032006 No Chg-LLC CR2E083 (11/05)	
	OO NOT WRITE	IN THIS SPA	CE	4. FEI Number	Applied For
		A SAA LANGUA MA AANA AANA AANA AANA AANA AANA AANA		65-0926775	Not Applicabl
		No. of St. Contraction of the Co	and the same of	5. Certificate of Status Desired	\$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				DO NOT WE	DITE
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HOLIVIES BEAGN, PE 34217				IN THIS SPA	ACE
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8. The above	named entity submits this statement for	r the purpose of changing its register	ed office or register	ed agent, or both, in the State of Florid	la. I am familiar with, and accept
	tions of registered agent.	.,			•
SIGNATURE.					
	Signature, typed or printed name of registered agent a	and fittle if applicable. (NOTE: Registere	d Agent signature required	when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2006			11000001 	32873 ####-102 St. 101	
8.	MANAGING MEMBE	RS/MANAGERS			Harris Torrest Control
TITLE	MGR				
NAME STREET ADDRESS	PELHAM, STEVEN G 408 SPRING AVENUE		,		
CITY-ST-ZIP	ANNA MARIA, FL 34217	·	*	The state of the s	The state of the s
TITLE	MGR				A STATE OF THE PROPERTY OF THE
NAME	KOSFELD, SCOTT L			The second secon	and the second of the second o
STREET ADDRESS CITY-SI-ZIP	702 JACARANDA ANNA MARIA, FL 34216				
TITLE	,				
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STREET ADDRESS CITY-ST-ZIP				DO NOT WE	RITE
TITLE		 		DO NOT WE	
NAME				IN THIS SPA	ACE
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CITY-ST-ZIP			and the second	and the second s	
TITLE NAME	-		ALAMON OUTER		
STREET ADDRESS			1	The second secon	And the second s

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 eignature 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 received of trustee employered to execute this report as required by Chapter 608, Florida Statutes.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: X
SIGNATURE AND WPED OR PRINTEN NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE