

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000007226**

1. Entity Name  
**COCONUT CREEK PHYSICIANS, P.L.**



Principal Place of Business  
**3880 COCONUT CREEK PARKWAY  
COCONUT CREEK, FL 33066**

Mailing Address  
**3880 COCONUT CREEK PARKWAY  
COCONUT CREEK, FL 33066**



01232006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0958084**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**KORNBERG, JOEL M.D.  
7301-A WEST PALMETTO PARK ROAD, SUITE 305C  
BOCA RATON, FL 33433**

**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**

000000404245  
02/06/06-80040-002 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
ANGELILLO, MICHAEL M.D.  
3880 COCONUT CREEK PARKWAY  
COCONUT CREEK, FL 33066**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
FLIGNOR, WILLIAM M.D.  
3880 COCONUT CREEK PARKWAY  
COCONUT CREEK, FL 33066**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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: M.P. Angelillo** - president C.C. Physicians LLC.

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

**1/24/06 954-973-9666**

Date

Daytime Phone #