2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# L03000031956

Entity Name: ROBERTS MEDICAL PLAZA, LLC

Current Principal Place of Business:

453 N. KIRKMAN ROAD
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

453 N. KIRKMAN ROAD
ORLANDO, FL 32811

New Mailing Address:

FEI Number: 59-2412539 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KANE, STEVEN H
557 N. WYMORE ROAD, SUITE 100
MAITLAND, FL 32751 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: P ( ) Delete
Name: ROBERTS, ROBERT S
Address: 453 N KIRKMAN RD # 201
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES:

Title: MD (X) Change ( ) Addition
Name: ROBERTS, ROBERT S
Address: 453 N KIRKMAN RD # 201
City-St-Zip: ORLANDO, FL 32811

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT S. ROBERTS, M.D. MD 04/20/2009

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