

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002606

FILED
Jan 04, 2011
Secretary of State

Entity Name: DUCK POND ENTERPRISES, LLC

Current Principal Place of Business:

6440 WEST NEWBERRY ROAD, SUITE 508
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

6440 WEST NEWBERRY ROAD, SUITE 508
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 59-3053685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRIS, KAREN E
6440 WEST NEWBERRY ROAD, SUITE 508
GAINESVILLE, FL 32605 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
Name: MILLION, AMY M.D.
Address: 6440 WEST NEWBERRY ROAD, SUITE 508
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM
Name: HARRIS, KAREN E M.D.
Address: 6440 WEST NEWBERRY ROAD, SUITE 508
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM
Name: COOK, JEAN C M.D.
Address: 6440 WEST NEWBERRY ROAD, SUITE 508
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM
Name: WERNER, ERIN M.D.
Address: 6440 WEST NEWBERRY ROAD, SUITE 508
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM
Name: BRAZZEL, RICHARD M.D.
Address: 6440 WEST NEWBERRY ROAD, SUITE 508
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM
Name: MARICHAL, EDUARDO I M.D.
Address: 6440 WEST NEWBERRY ROAD, SUITE 508
City-St-Zip: GAINESVILLE, FL 32605

I hereby 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: KAREN E HARRIS M.D.

MGRM

01/04/2011

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