

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000153041

**Entity Name:** BARRY M. RODWICK, M.D., LLC

**Current Principal Place of Business:**

2349 SUNSET POINT ROAD  
#405  
CLEARWATER, FL 33765

**Current Mailing Address:**

2349 SUNSET POINT ROAD  
#405  
CLEARWATER, FL 33765

**FEI Number: APPLIED FOR**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FISHMAN, STEVEN M  
2454 MCMULLEN BOOTH RD  
D-607  
CLEARWATER, FL 33759 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name RODWICK, BARRY MDR.  
Address 2349 SUNSET POINT ROAD  
City-State-Zip: CLEARWATER FL 33765

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BARRY RODWICK

MGRM

04/24/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date