

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002028

Entity Name: JOAN D. O'LEARY, M.D., P.L.

FILED  
Apr 12, 2007  
Secretary of State

**Current Principal Place of Business:**

1555 KINGSLEY AVENUE  
SUITE 401  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

1555 KINGSLEY AVENUE  
SUITE 401  
ORANGE PARK, FL 32073

**New Mailing Address:**

FEI Number: 59-3626152      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

O'LEARY, WILLIAM A  
12143 DIVIDING OAKS TRAIL E.  
JACKSONVILLE, FL 32223 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: MGR ( ) Delete  
Name: O'LEARY, JOAN D  
Address: 12143 DIVIDING OAKS TRAIL E.  
City-St-Zip: JACKSONVILLE, FL 32223

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOAN D O'LEARY

MGR

04/12/2007

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