

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000009601

Entity Name: MICHAEL MOLLOD, MD, PL

**FILED**  
**Feb 27, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

1921 WALDEMERE ST  
SUITE 512  
SARASOTA, FL 34239

## **New Principal Place of Business:**

1950 ARLINGTON ST  
SUITE 400  
SARASOTA, FL 34239

## **Current Mailing Address:**

1921 WALDEMERE ST  
SUITE 512  
SARASOTA, FL 34239

## **New Mailing Address:**

1950 ARLINGTON ST  
SUITE 400  
SARASOTA, FL 34239

FEI Number: 65-1030699

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOLLOD, MICHAEL  
1921 WALDEMERE ST  
SUITE 512  
SARASOTA, FL 34239 US

## **Name and Address of New Registered Agent:**

MOLLOD, MICHAEL  
1950 ARLINGTON ST  
SUITE 400  
SARASOTA, FL 34239 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: MICHAEL MOLLOD

02/27/2011

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MOLLOD, MICHAEL  
Address: 1389 TANGIER WAY  
City-St-Zip: SARASOTA, FL 34239

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: MICHAEL MOLLOD

MGRM

02/27/2011

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