

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000010651

**FILED**  
**Feb 02, 2010**  
**Secretary of State**

**Entity Name:** MANATEE MEDICAL SPECIALISTS, LLC

**Current Principal Place of Business:**

2227 59TH WEST  
BRADENTON, FL 34209

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 14296  
BRADENTON, FL 34280

**New Mailing Address:**

**FEI Number:** 65-1036396

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DORMAN, LORI M ESQ  
HAMRICK PERREY QUINLAN & SMITH  
601 12TH ST. W  
BRADENTON, FL 34205 US

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

DORMAN, LORI M ESQ  
LEWIS LONGMAN & WALKER P.A.  
1001 THIRD AVE WEST STE 670  
BRADENTON, FL 34205 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:

02/02/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WAGNER, BARBARA R  
Address: 2227 59TH ST WEST  
City-St-Zip: BRADENTON, FL 34209

Title: MGRM  
Name: SAMMOUR, ADNAN K  
Address: 2227 59TH ST WEST  
City-St-Zip: BRADENTON, FL 34209

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: ADNAN SAMMOUR

MGRM

02/02/2010

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