

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000010977

Entity Name: A.J. GRIZZLE, M.D., PLC

**FILED**  
**May 19, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3148 NORTHSIDE DR.  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

3148 NORTHSIDE DR.  
KEY WEST, FL 33040

**New Mailing Address:**

FEI Number: 65-1041051      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SANCHEZ, JENNIFER ESQ  
3148 NORTHSIDE DR  
KEY WEST, FL 33040      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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GRIZZLE, ARTHUR  
Address: 3148 NORTHSIDE DRIVE  
City-St-Zip: KEY WEST, FL 33040

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: ARTHUR J. GRIZZLE, M.D. PLC

PRES

05/19/2010

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