

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000014730

Entity Name: LENKA ZACHAR M.D. PLC

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

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

2118 ST. JOHNS AVE  
JACKSONVILLE, FL 32204 US

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

1635 RIVERSIDE AVE  
JACKSONVILLE, FL 32204 US

## **Current Mailing Address:**

2118 ST. JOHNS AVE  
JACKSONVILLE, FL 32204 US

## **New Mailing Address:**

1635 RIVERSIDE AVE  
JACKSONVILLE, FL 32204 US

FEI Number: 59-3681100

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARNOLD MATHENY & EAGAN PA  
801 N MAGNOLIA AVE  
SUITE 201  
ORLANDO, FL 32803 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: MGRM  
Name: ZACHAR, LENKA MD  
Address: 1635 RIVERSIDE AVE  
City-St-Zip: JACKSONVILLE, FL 32204 US

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: LENKA ZACHAR, MD, FACS

MD

01/10/2011

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