

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008606

Entity Name: RICHARD M. ORLAN, M.D., P.L.C.

FILED
Jan 03, 2007
Secretary of State

Current Principal Place of Business:

1099 5TH AVENUE NORTH
SUITE 160
SAINT PETERSBURG, FL 33705

Current Mailing Address:

P.O BOX 12437
ST. PETERSBURG, FL 33733

New Principal Place of Business:

13799 PARK BOULEVARD NORTH
268
SEMINOLE, FL 33776

New Mailing Address:

13799 PARK BOULEVARD NORTH
268
SEMINOLE, FL 33776

FEI Number: 59-3721329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQ.
1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756 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: ORLAN, RICHARD M M.D.
Address: 1099 5TH AVENUE NORTH, SUITE 160
City-St-Zip: SAINT PETERSBURG, FL 33705

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ORLAN, RICHARD M M.D.
Address: 13799 PARK BOULEVARD NORTH # 268
City-St-Zip: SEMINOLE, FL 33776

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: RICHARD M ORLAN MD

MGR

01/03/2007

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