

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000008606

**FILED**  
**Apr 25, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

13799 PARK BOULEVARD NORTH  
# 268  
SEMINOLE, FL 33776

**New Principal Place of Business:**

**Current Mailing Address:**

13799 PARK BOULEVARD NORTH  
# 268  
SEMINOLE, FL 33776

**New Mailing Address:**

**FEI Number:** 59-3721329

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ORLAN, RICHARD M MD  
13799 PARK BOULEVARD NORTH  
SUITE 268  
SEMINOLE, FL 33776 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  
Name: ORLAN, RICHARD M M.D.  
Address: 13799 PARK BOULEVARD NORTH # 268  
City-St-Zip: SEMINOLE, FL 33776

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: RICHARD M ORLAN

MGR

04/25/2010

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