

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000011046

Entity Name: PETER PERRY M.D. LLC

**FILED**  
**Apr 26, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

455 WEST WARREN AVENUE  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

455 WEST WARREN AVENUE  
LONGWOOD, FL 32750

**New Mailing Address:**

FEI Number: 11-4626985

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ARNOLD, MATHENY & EAGAN, P.A.  
605 E ROBINSON STREET  
SUITE 730  
ORLANDO, FL 32801 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: PERRY, PETER M.D.  
Address: 455 WEST WARREN AVENUE  
City-St-Zip: LONGWOOD, FL 32750 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DENNIS J. BUHRING

MGR

04/26/2007

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