

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012352

FILED  
Apr 16, 2008  
Secretary of State

**Entity Name:** KENNETH A. NEIFELD, M.D., P.L.

**Current Principal Place of Business:**

1099 5TH AVE NORTH  
SUITE 220  
ST. PETERSBURG, FL 33705

**New Principal Place of Business:**

**Current Mailing Address:**

1099 5TH AVE NORTH  
SUITE 220  
ST. PETERSBURG, FL 33705

**New Mailing Address:**

**FEI Number:** 59-3733396

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KENNEDY, JAMES R JR ESQ  
856 2ND AVENUE NORTH  
ST. PETERSBURG, FL 33701 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 ( ) Delete  
Name: NEIFELD, KENNETH A MD  
Address: 1099 5TH AVE NORTH  
City-St-Zip: ST PETERSBURG, FL 33705

**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: KENNETH A. NEIFELD MD

MGR

04/16/2008

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