

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018130

FILED  
Mar 05, 2009  
Secretary of State

Entity Name: COLONNADE MEDICAL PARK, LLC

## Current Principal Place of Business:

801 LAUREL OAK DRIVE  
618  
NAPLES, FL 34108

## New Principal Place of Business:

3301 BONITA BEACH ROAD  
315  
BONITA SPRINGS, FL 34134

## Current Mailing Address:

801 LAUREL OAK DRIVE  
618  
NAPLES, FL 34108

## New Mailing Address:

3301 BONITA BEACH ROAD  
315  
BONITA SPRINGS, FL 34134

FEI Number: 59-3752902

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KYRITSIS, ATHINA  
801 LAUREL OAK DRIVE  
618  
NAPLES, FL 34108 US

## Name and Address of New Registered Agent:

KYRITSIS, ATHINA  
3301 BONITA BEACH ROAD  
315  
BONITA SPRINGS, FL 34134 US

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: ATHINA KYRITSIS

03/05/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: KYRITSIS, ATHINA L  
Address: 207 MERMAIDS BIGHT  
City-St-Zip: NAPLES, FL 34103 US

Title: MGRM ( ) Delete  
Name: GREKOS, ZANNOS G  
Address: 207 MERMAIDS BIGHT  
City-St-Zip: NAPLES, FL 34103 US

## ADDITIONS/CHANGES:

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

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: ATHINA KYRITSIS

MGRM

03/05/2009

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