2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Mar 13, 2008 8:00 am
Secretary of State
02-21-2008 90064 010 ***143.75

DOCUMENT # L01000020111

1. Entity Name

FRANCINE GROSS, M.D. PROFESSIONAL L.L.C.

Principal Place of Business	Mailing Address
2934 UNIVERSITY PKWY SARASOTA FL 34243	~~2934 UNIVERSITY PKWY~~ ~~SARASOTA FL 34243~~

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		6150 36Th Lane E	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Bradenton FL	
Zip	Country	Zip 34203	Country U.S.

4. FEI Number 26-0010444 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POBJECKY, J. DAVID 786 AVENUE C SW WINTER HAVEN FL 33883	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Francine Gross 3/10/08 Signed in error 2/6/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GROSS, FRANCINE		NAME		
STREET ADDRESS	6150 36TH LANE EAST		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34203		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Francine Gross 3/10/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #