

2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L01000020530

FILED
Nov 18, 2010
Secretary of State

Entity Name: ALEXANDER MEDICAL GROUP, PLLC

Current Principal Place of Business:

12416 66TH STREET NORTH
LARGO, FL 33773

New Principal Place of Business:

12416 66TH STREET NORTH
SUITE A
LARGO, FL 33773

Current Mailing Address:

12416 66TH STREET NORTH
LARGO, FL 33773

New Mailing Address:

12416 66TH STREET NORTH
SUITE A
LARGO, FL 33773

FEI Number: 16-1626040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXANDER, VLADIMIR A
12416 66TH STREET NORTH
LARGO, FL 33773 US

Name and Address of New Registered Agent:

ALEXANDER, VLADIMIR A
12416 66TH STREET NORTH
SUITE A
LARGO, FL 33773 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: VLADIMIR A ALEXANDER

11/18/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: ALEXANDER, VLADIMIR A MD
Address: 12416 66TH STREET NORTH
City-St-Zip: LARGO, FL 33773

Title: MGRM
Name: ALEXANDER, JENNY E
Address: 12416 66TH STREET NORTH
City-St-Zip: LARGO, FL 33773

Title: MGRM
Name: ALEXANDER, ALLAN J
Address: 12416 66TH STREET NORTH
City-St-Zip: LARGO, FL 33773

Title: MGRM
Name: JENNIFER, NIGRO L
Address: 12416 66TH STREET NORTH
City-St-Zip: LARGO, FL 33773

Title: MGRM
Name: PENELLO, DANIEL
Address: 12416 66TH STREET NORTH
City-St-Zip: LARGO, FL 33773

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: ALLAN J. ALEXANDER

MGRM

11/18/2010

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