

**2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Nov 21, 2010  
Secretary of State**

DOCUMENT# L01000020530

Entity Name: ALEXANDER MEDICAL GROUP, PLLC

**Current Principal Place of Business:**

12416 66TH STREET NORTH  
SUITE A  
LARGO, FL 33773

**New Principal Place of Business:**

**Current Mailing Address:**

12416 66TH STREET NORTH  
SUITE A  
LARGO, FL 33773

**New Mailing Address:**

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  
SUITE A  
LARGO, FL 33773 US

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

ALEXANDER, ALLAN J  
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: ALLAN J ALEXANDER      11/21/2010  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ALEXANDER, VLADIMIR A  
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: MGR  
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      MGR      11/21/2010  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date