

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000001737

Entity Name: MARY L.PEPINE, M.D., PLLC

FILED
Jan 06, 2007
Secretary of State

Current Principal Place of Business:

727 SOUTH FL. AVE
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

727 SOUTH FLORIDA AVENUE
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 01-0577733

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN INFORMATION SERVICES, INC.
401 E. JACKSON STREET, STE. 1700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

AMERICAN INFORMATION SYSTEMS, INC
401 E. JACKSON STREET, STE. 1700
TAMPA, FL 33602 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: WILLIAM KALISH, ESQ

01/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PEPINE, MARY L M.D.
Address: 3913 CHEVERLY DRIVE EAST
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PEPINE, MARY L M.D.
Address: 5123 HIGHLANDS LAKEVIEW LOOP
City-St-Zip: LAKELAND, FL 33812

I hereby certify that the information supplied with this filing does not qualify for the 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: MARY PEPINE

M.D.

01/06/2007

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