

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000001737

**FILED**  
**Jan 06, 2008**  
**Secretary of State**

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

**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 (X)**

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVE.  
TALLAHASSEE, FL 32301 US

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

KALISH, WILLIAM  
401 EAST JACKSON STREET  
SUITE 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

01/06/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

**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:** MARY PEPINE

M.D.

01/06/2008

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