

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000003136

**FILED**  
**Feb 24, 2010**  
**Secretary of State**

**Entity Name:** ALBERTO CASARETTO, M.D., PLC

**Current Principal Place of Business:**

407 SE 9 STREET  
SUITE 103  
FT. LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

407 SE 9 STREET  
SUITE 103  
FT. LAUDERDALE, FL 33316

**New Mailing Address:**

**FEI Number:** 35-2188282

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASARETTO, ALBERTO  
407 SE 9TH ST  
STE 103  
FORT LAUDERDALE, FL 33316 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CASARETTO, ALBERTO M.D.  
Address: 407 SE 9 STREET, SUITE 103  
City-St-Zip: FT. LAUDERDALE, FL 33316

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: ALBERTO CASARETTO

MGR

02/24/2010

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