

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012697

Entity Name: KATHY Y. JONES, M.D., LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

2501 N. ORANGE AVENUE
SUITE 542
ORLANDO, FL 32804

New Principal Place of Business:

508 NORTH MILLS AVE
SUITE C & D
ORLANDO, FL 32803

Current Mailing Address:

P.O. BOX 470308
CELEBRATION, FL 347470308

New Mailing Address:

FEI Number: 75-3060396

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLICK, JAMES J
608 E. CENTRAL BLVD.
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

FLICK, JAMES J PL
3203 SOUTH CONWAY ROAD
SUITE 106
ORLANDO, FL 32812 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: KATHY Y JONES MD

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JONES, KATHY Y
Address: 9019 HERITAGE BAY CIRCLE
City-St-Zip: ORLANDO, FL 32836

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: KATHY Y JONES MD

MGR

04/30/2009

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