

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000012698

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** KENNEDY MEDICAL PROPERTIES, LLC

**Current Principal Place of Business:**

1921 WEST M.L. KING BLVD.  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

1921 WEST M.L. KING BLVD.  
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number:** 01-0698469

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DENNISON, TATIANA C  
1921 WEST M.L. KING BLVD.  
TAMPA, FL 33607 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: P  
Name: DENNISON, STANLEY R JR.  
Address: 1921 WEST M.L. KING BLVD.  
City-St-Zip: TAMPA, FL 33607

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: STANLEY R. DENNISON, JR. M.D., M.B.A.

P

01/08/2010

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