

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000016866

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** KENNETH M. HURWITZ, M.D. LLC

**Current Principal Place of Business:**

1895 FLOYD STREET  
SARASOTA, FL 34239

**New Principal Place of Business:**

1921 WALDEMERE STREET  
SUITE 705  
SARASOTA, FL 34239

**Current Mailing Address:**

1895 FLOYD STREET  
SARASOTA, FL 34239

**New Mailing Address:**

1921 WALDEMERE STREET  
SUITE 705  
SARASOTA, FL 34239

**FEI Number:** 27-0022770

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HURWITZ, KENNETH M MD  
1895 FLOYD STREET  
SARASOTA, FL 34239 US

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

HURWITZ, KENNETH M MD  
1921 WALDEMERE STREET  
SUITE 705  
SARASOTA, FL 34239 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:

01/04/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** HURWITZ, KENNETH M MD  
**Address:** 1921 WALDEMERE STREET SUITE 705  
**City-St-Zip:** SARASOTA, FL 34239

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: KENNETH M HURWITZ

MGRM

01/04/2011

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