

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017160

FILED  
Jan 07, 2008  
Secretary of State

**Entity Name:** PATRICIA HARRISON, M.D., P.L.

**Current Principal Place of Business:**

1025 N. BEAL PKWY  
B-1  
FORT WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

1025 N. BEAL PKWY  
SUITE B-1  
FORT WALTON BEACH, FL 32547

**New Mailing Address:**

**FEI Number:** 82-0553819      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MCGILL, ROBERT E III  
36008 EMERALD COAST PKWY., STE. 301  
DESTIN, FL 32541 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:** MGRM ( ) Delete  
**Name:** PATRICIA HARRISON M., D. P.L.  
**Address:** 1025 N. BEAL PKWY SUITE B-1  
**City-St-Zip:** FORT WALTON BEACH, FL 32547 US

**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: PATRICIA HARRISON      DR.      01/07/2008

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