

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 14, 2009  
Secretary of State**

DOCUMENT# L02000017160

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:**

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

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: GREG PANZIK

OM

01/14/2009

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