

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017907

FILED
Jan 14, 2009
Secretary of State

Entity Name: ELISE R. LEONARD, M.D., L.L.C.

Current Principal Place of Business:

8890 W. OAKLAND PARK BLVD., STE. 300
SUNRISE, FL 33351

New Principal Place of Business:

8890 W. OAKLAND PARK BLVD.
SUITE 300
SUNRISE, FL 33351

Current Mailing Address:

8890 W. OAKLAND PARK BLVD., STE. 300
SUNRISE, FL 33351

New Mailing Address:

8890 W. OAKLAND PARK BLVD.
SUITE 300
SUNRISE, FL 33351

FEI Number: 04-3703555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEONARD, ELISE R M.D.
8890 W. OAKLAND PARK BLVD., STE. 300
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

LEONARD, ELISE R M.D.
8890 W. OAKLAND PARK BLVD.
SUITE 300
SUNRISE, FL 33351 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:

01/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEONARD, ELISE R
Address: 6157 NW 124 DR
City-St-Zip: CORAL SPRINGS, FL 33076

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: ELISE R. LEONARD

MGMR

01/14/2009

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