

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000566

Entity Name: R. PAUL LICCINI M.D., LLC

FILED  
Jan 14, 2009  
Secretary of State

**Current Principal Place of Business:**

12645 NEW BRITTANY BLVD, BLDG 15  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

12645 NEW BRITTANY BLVD, BLDG 15  
FORT MYERS, FL 33907

**New Mailing Address:**

FEI Number: 82-0580815

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LICCINI, R. PAUL  
2675 WINKLER AVENUE, SUITE 460  
FORT MYERS, FL 33901 US

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

LICCINI, R. PAUL  
12645 NEW BRITTANY BLVD, BLDG 15  
FORT MYERS, FL 33907 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: R PAUL LICCINI

01/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LICCINI, R. PAUL  
Address: 2675 WINKLER AVENUE, SUITE 460  
City-St-Zip: FORT MYERS, FL 33901

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LICCINI, R. PAUL  
Address: 12645 NEW BRITTANY BLVD, BLDG 15  
City-St-Zip: FORT MYERS, FL 33907

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: R PAUL LICCINI

DR

01/14/2009

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