

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000014367

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Entity Name:** PEDRO A. CARMONA, M.D., P.L.C.

**Current Principal Place of Business:**

951 N. WASHINGTON AVENUE  
TITUSVILLE, FL 32796

**New Principal Place of Business:**

**Current Mailing Address:**

951 N. WASHINGTON AVE.  
TITUSVILLE, FL 32796

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

CARMONA, PEDRO A M.D.  
3880 HIDDEN HILLS DR.  
TITUSVILLE, FL 32796 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  
Name: CARMONA, PEDRO A M.D.  
Address: 951 N. WASHINGTON AVENUE  
City-St-Zip: TITUSVILLE, FL 32796

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: PEDRO A CARMONA MD

MGRM

01/12/2010

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