2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 07, 2005
Secretary of State

DOCUMENT# L03000017489

Entity Name: KIMBERLY M. ROHALEY, M.D., L.L.C.

Current Principal Place of Business:

391 LEE BLVD.
STE. 300
LEHIGH ACRES, FL 33936

New Principal Place of Business:

3840 COLONIAL BLVD.
STE. 2
FORT MYERS, FL 33912

Current Mailing Address:

P O BOX 309
LEHIGH ACRES, FL 33970

New Mailing Address:

3391 MERLE DR.
NORTH FORT MYERS, FL 33917

FEI Number: 16-1668879 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROHALEY, KIMBERLY M
17601 NALLE RD.
N. FORT MYERS, FL 33917 US

Name and Address of New Registered Agent:

ROHALEY, KIMBERLY M
9951 MERLE DR.
N. FORT MYERS, FL 33917 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: KIMBERLY M. ROHALEY, M.D. 09/07/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ROHALEY, KIMBERLY M
Address: 17601 NALLE RD.
City-St-Zip: N. FORT MYERS, FL 33917

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ROHALEY, KIMBERLY M
Address: 9951 MERLE DR.
City-St-Zip: N. FORT MYERS, FL 33917

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KIMBERLY M. ROHALEY, M.D. MGRM 09/07/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date