

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018077

FILED
Jul 05, 2007
Secretary of State

Entity Name: MELANIE BACAL KORN, M.D. P.L.

Current Principal Place of Business:

5811 PELICAN BAY BLVD.
SUITE 209
NAPLES, FL 34108

New Principal Place of Business:

5150 TAMiami TRAIL N
SUITE 302
NAPLES, FL 34103

Current Mailing Address:

5811 PELICAN BAY BLVD.
SUITE 209
NAPLES, FL 34108

New Mailing Address:

5150 TAMiami TRAIL N
SUITE 302
NAPLES, FL 34103

FEI Number: FEI Number Applied For (X) 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:

KORN, TYLER B ESQ
540 VIA VENETO, SUITE 101
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

KORN, TYLER B ESQ
5150 TAMiami TRAIL N.
SUITE 302
NAPLES, FL 34103 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: TYLER B KORN, ESQ

07/05/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KORN, MELANIE BACAL MD
Address: 5811 PELICAN BAY BLVD.
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KORN, MELANIE BACAL MD
Address: 5150 TAMiami TRAIL N., SUITE 302
City-St-Zip: NAPLES, FL 34103

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: MELANIE BACAL KORN

MGRM

07/05/2007

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