

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000018077

**FILED**  
**Apr 04, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

5150 TAMIAMI TRAIL N  
SUITE 302  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

5150 TAMIAMI TRAIL N  
SUITE 302  
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

KORN, TYLER B ESQ  
5150 TAMIAMI TRAIL N.  
SUITE 302  
NAPLES, FL 34103 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:** KORN, MELANIE BACAL MD  
**Address:** 5150 TAMIAMI TRAIL N., SUITE 302  
**City-St-Zip:** NAPLES, FL 34103

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: MELANIE BACAL KORN                      MGRM                      04/04/2010

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