

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018705

FILED
Mar 30, 2009
Secretary of State

Entity Name: ACCENT OUTPATIENT FACILITY, LLC

Current Principal Place of Business:

4340 NEWBERRY RD. STE. 301
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

4340 NEWBERRY RD. STE. 301
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 02-0692165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLOWASKY, ANN L M.D.
4340 NEWBERRY RD. STE. 301
GAINESVILLE, FL 32607 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 () Delete
Name: MAST, BRUCE A MD
Address: 4340 NEWBERRY RD STE 301
City-St-Zip: GAINESVILLE, FL 32607

Title: MGR () Delete
Name: RODGERS, LAWRENCE W MD
Address: 4340 NEWBERRY RD STE 301
City-St-Zip: GAINESVILLE, FL 32607

Title: MGR (X) Delete
Name: DIMITROV, EVA A MD
Address: 4340 NEWBERRY RD STE 301
City-St-Zip: GAINESVILLE, FL 32607

Title: MGR () Delete
Name: KERR, BRIAN MD
Address: 4340 NEWBERRY RD STE 301
City-St-Zip: GAINESVILLE, FL 32607

Title: MGR () Delete
Name: GLOWASKY, ANN L MD
Address: 4340 NEWBERRY RD STE 301
City-St-Zip: GAINESVILLE, FL 32607

Title: MGR (X) Delete
Name: SOFIA, KIRK K MD
Address: 4340 NEWBERRY RD STE 301
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRUCE A MAST, MD

MGRM

03/30/2009

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