

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000018705

**FILED**  
**Feb 26, 2010**  
**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:**

MAST, BRUCE A M.D.  
4340 NEWBERRY RD. STE. 301  
GAINESVILLE, FL 32607 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: BRUCE A. MAST, MD

02/26/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MAST, BRUCE A MD  
Address: 4340 NEWBERRY RD STE 301  
City-St-Zip: GAINESVILLE, FL 32607

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

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

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

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: BRUCE A. MAST

P

02/26/2010

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