

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020172

Entity Name: THOMAS R. FANN, DPM, PL

FILED  
Jan 04, 2011  
Secretary of State

**Current Principal Place of Business:**

1120 S.R. 436  
SUITE 1400  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

**Current Mailing Address:**

1120 S.R. 436  
SUITE 1400  
CASSELBERRY, FL 32707

**New Mailing Address:**

FEI Number: 20-0031779

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FANN, THOMAS R DPM  
1120 S.R. 436  
SUITE 1400  
CASSELBERRY, FL 32707 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: MGR  
Name: FANN, THOMAS R  
Address: 1120 S. R. 436 SUITE 1400  
City-St-Zip: CASSELBERRY, FL 32707

Title: MGR  
Name: FANN, JULIANA M  
Address: 1120 S. R. 436 SUITE 1400  
City-St-Zip: CASSELBERRY, FL 32707

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: THOMAS R FANN DPM

MGR

01/04/2011

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