

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90030 038 ****50.00

DOCUMENT # L03000020319

1. Entity Name

ROBERT P. ALBERGO, M.D. L.L.C.



Principal Place of Business

4132 WOODLANDS PARKWAY
PALM HARBOR, FL 34685

Mailing Address

4132 WOODLANDS PARKWAY
PALM HARBOR, FL 34685

20039763



04052005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

05-0571088

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

ALBERGO, ROBERT P M.D.
4132 WOODLANDS PARKWAY
PALM HARBOR, FL 34685

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ALBERGO, ROBERT P M.D.
STREET ADDRESS 4132 WOODLANDS PARKWAY
CITY-ST-ZIP PALM HARBOR, FL 34685

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

ROBERTTP ALBERGO, MD

Date

Daytime Phone #