

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000027268

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** RUDOLFO A. PANGANIBAN, JR., M.D., L.L.C.

**Current Principal Place of Business:**

19220 AUTUMN WOODS AVENUE  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

19220 AUTUMN WOODS AVENUE  
TAMPA, FL 33647

**New Mailing Address:**

**FEI Number:** 20-0109632

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BATES, LONDON L  
1245 COURT STREET, SUITE 102  
CLEARWATER, FL 33756 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:** PANGANIBAN, RUDOLFO A M.D.  
**Address:** 19220 AUTUMN WOODS AVE  
**City-St-Zip:** TAMPA, FL 33647 US

**Title:** MGRM  
**Name:** PANGANIBAN, CHRISTINE A  
**Address:** 19220 AUTUMN WOODS AVE  
**City-St-Zip:** TAMPA, FL 33647 US

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: CHRISTINE PANGANIBAN

MGRM

04/10/2012

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