2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L03000037906

Entity Name: STEPHEN W. DUNCAN, M.D., P.L.

Current Principal Place of Business:

1845 JACLIF COURT
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

PO BOX 14225
TALLAHASSEE, FL 32317 US

New Mailing Address:

FEI Number: 20-0463093 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUNCAN, STEPHEN W M.D.
4321 JACKSON VIEW DRIVE
TALLAHASSEE, FL 32308 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: DUNCAN, STEPHEN W M.D.
Address: PO BOX 14266
City-St-Zip: TALLAHASSEE, FL 32317 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DUNCAN, STEPHEN W M.D.
Address: PO BOX 14225
City-St-Zip: TALLAHASSEE, FL 32317 US

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: STEPHEN W. DUNCAN MGRM 01/15/2009

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