

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050410

FILED  
Feb 06, 2004  
Secretary of State

**Entity Name:** LOUIS S. GIANNONE D.P.M. PLLC

**Current Principal Place of Business:**

JACARANDA BOULEVARD  
VENICE, FL 34292 US

**New Principal Place of Business:**

1201 JACARANDA BOULEVARD  
PHYSICIAN SPECIALITY SUITE  
VENICE, FL 34292 US

**Current Mailing Address:**

518 BAYSIDE WAY  
NOKOMIS, FL 34275

**New Mailing Address:**

**FEI Number:** 86-1090573

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

W. BARTLETT SCOVILL, P.A.  
1605 MAIN STREET  
SUITE 912  
SARASOTA, FL 34236 US

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

GIANNONE, LOUIS S  
518 BAYSIDE WAY  
NOKOMIS, FL 34275 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: LOUIS S. GIANNONE

02/06/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: GIANNONE, LOUIS S  
Address: 518 BAYSIDE WAY  
City-St-Zip: NOKOMIS, FL 34275

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LOUIS S. GIANNONE

MGR

02/06/2004

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