

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050410

FILED
Mar 17, 2009
Secretary of State

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

Current Principal Place of Business:

1201 JACARANDA BOULEVARD
PHYSICIAN SPECIALITY SUITE
VENICE, FL 34292 US

New Principal Place of Business:

825 VENETIAN PARKWAY
SECOND FLOOR
VENICE, FL 34285 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:

GIANNONE, LOUIS S
518 BAYSIDE WAY
NOKOMIS, FL 34275 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 () Delete
Name: GIANNONE, LOUIS S
Address: 518 BAYSIDE WAY
City-St-Zip: NOKOMIS, FL 34275

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: GIANNONE, SEETA D
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 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: LOUIS S GIANNONE

MGR

03/17/2009

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