

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90131 013 \*\*\*\*50.00

DOCUMENT # L04000022136

1. Entity Name

GEORGE NACKLEY, M.D., P.L.



Principal Place of Business

3067 TAMiami TRAIL  
PORT CHARLOTTE FL 33952

Mailing Address

3067 TAMiami TRAIL  
PORT CHARLOTTE FL 33952

2. Principal Place of Business

2380 Harbor Blvd  
Suite, Apt. #, etc.

3. Mailing Address

2380 Harbor Blvd  
Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/04)

City & State

Port Charlotte FL

City & State

Port Charlotte FL

4. FEI Number

20-0901858

Applied For

Not Applicable

Zip

Country

33952

Charlotte

Zip

Country

33952

Charlotte

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOORE, JOHN L  
200 SOUTH IRANGE AVENUE  
SARASOTA FL 33952

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
owner  
George Nackley, M.D.  
2380 Harbor Blvd  
Port Charlotte FL 33952

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

George Nackley M.D.

3/18/05

(941) 627-1889