

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000033031

**FILED**  
**May 07, 2010**  
**Secretary of State**

**Entity Name:** MORILLO-AZCUY MEDICAL OFFICE, L.L.C.

**Current Principal Place of Business:**

14022 IMAGE LAKE COURT  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

14022 IMAGE LAKE COURT  
FORT MYERS, FL 33907

**New Mailing Address:**

FEI Number: 20-1104719      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

AZCUY, MIGUEL A  
14022 IMAGE LAKE COURT  
FORT MYERS, FL 33907      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: AZCUY, MIGUEL A MGR  
Address: 14022 IMAGE LAKE COURT  
City-St-Zip: FORT MYERS, FL 33907

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: MIGUEL A AZCUY

MGR

05/07/2010

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