


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90219 010 ****50.00

DOCUMENT # L04000034496	
1. Entity Name JOSEPH O. KUEBEL, M.D., L.L.C.	

Principal Place of Business 1010 JEFFORDS STREET CLEARWATER, FL 33756	Mailing Address 1010 JEFFORDS STREET CLEARWATER, FL 33756
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60015491



2. Principal Place of Business - No P.O. Box #	3. Mailing Address 10416 Greenmont Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01162007 Chg-LLC CR2E083 (12/06)

City & State	City & State Tampa, FL
Zip	Country
33626	U.S.

4. FEI Number 73-1702730	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GASSMAN, ALAN S ESQ. 1245 COURT STREET, SUITE 102 CLEARWATER, FL 33756	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KUEBEL, JOSEPH O M.D. 1010 JEFFORDS STREET CLEARWATER, FL 33756 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10416 Greenmont Drive Tampa, FL, 33626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Joseph O. Kuebel **2-6-07** **727-488-5561**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #