

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035497

**FILED**  
**Feb 21, 2009**  
**Secretary of State**

**Entity Name:** LINDA S. MORSE, D.O., PLLC

**Current Principal Place of Business:**

5800 49TH ST, N  
SAINT PETERSBURG, FL 33709

**New Principal Place of Business:**

5800 49TH ST, N  
S-201  
SAINT PETERSBURG, FL 33709

**Current Mailing Address:**

5800 49TH ST, N  
SAINT PETERSBURG, FL 33709

**New Mailing Address:**

5800 49TH ST, N  
S-201  
SAINT PETERSBURG, FL 33709

**FEI Number:** 47-0941502

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THADDEUS FREEMAN, PLLC  
8150 CYPRESS GARDEN COURT  
LARGO, FL 33777 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: MGRM ( ) Delete  
Name: MORSE, LINDA S D.O.  
Address: 13380 84TH TERRACE NORTH  
City-St-Zip: SEMINOLE, FL 33776

**ADDITIONS/CHANGES:**

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

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:** LINDA S. MORSE

MGRM

02/21/2009

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