

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038186

**FILED**  
**Apr 14, 2005**  
**Secretary of State**

**Entity Name:** PETER L. KENNEDY M.D., LLC

**Current Principal Place of Business:**

5086 GOLF CLUB LANE  
BROOKSVILLE, FL 34601

**New Principal Place of Business:**

14540 CORTEZ BLVD  
SUITE 200  
BROOKSVILLE, FL 34613

**Current Mailing Address:**

5086 GOLF CLUB LANE  
BROOKSVILLE, FL 34601

**New Mailing Address:**

14540 CORTEZ BLVD  
SUITE 200  
BROOKSVILLE, FL 34613

**FEI Number:** 20-1144409

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KENNEDY, PETER L M.D.  
5086 GOLF CLUB LANE  
BROOKSVILLE, FL 34601 US

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

KENNEDY, PETER L M.D.  
14540 CORTEZ BLVD  
SUITE 200  
BROOKSVILLE, FL 34613 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: PETER L. KENNEDY, MD

04/14/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: KENNEDY, PETER L  
Address: 5086 GOLF CLUB LANE  
City-St-Zip: BROOKSVILLE, FL 34601

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KENNEDY, PETER L MD  
Address: 14540 CORTEZ BLVD, SUITE 200  
City-St-Zip: BROOKSVILLE, FL 34613

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PETER L. KENNEDY, MD

MGR

04/14/2005

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