

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000046557

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** CDPG, P.L.

**Current Principal Place of Business:**

1674 W HIBISCUS BLVD  
MELBOURNE, FL 32901

**New Principal Place of Business:**

775 E MERRITT ISLAND CSWY  
SUITE 235  
MERRITT ISLAND, FL 32922 US

**Current Mailing Address:**

1674 W HIBISCUS BLVD  
MELBOURNE, FL 32901

**New Mailing Address:**

775 E MERRITT ISLAND CSWY  
SUITE 235  
MERRITT ISLAND, FL 32922 US

**FEI Number:** 20-1272092

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THERIAC, AMARI Y P.C.  
MARINER JA, SUITE 302  
96 WILLERD SX  
COCOA, FL 32922 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  
**Name:** KALRA, ANJAY N DMD  
**Address:** 775 E MERRITT ISLAND CSWY  
**City-St-Zip:** MERRITT ISLAND, FL 32952 US

**Title:** MGRM  
**Name:** MORRIS, TIMOTHY J DMD  
**Address:** 775 E MERRITT ISLAND CSWY  
**City-St-Zip:** MERRITT ISLAND, FL 32952 US

**Title:** MGRM  
**Name:** NGUYEN, HAI V DMD  
**Address:** 775 E MERRITT ISLAND CSWY  
**City-St-Zip:** MERRITT ISLAND, FL 32952 US

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:** DR. ANJAY KALRA

MGRM

04/19/2011

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