

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052438

FILED
Apr 29, 2009
Secretary of State

Entity Name: HOWARD MANHOFF, M.D., L.L.C.

Current Principal Place of Business:

1547 EL PARDO DR
TRINITY, FL 34655

New Principal Place of Business:

1547 EL PARDO DR
TRINITY, FL 34655 US

Current Mailing Address:

1547 EL PARDO DR
TRINITY, FL 34655

New Mailing Address:

1547 EL PARDO DR
TRINITY, FL 34655 US

FEI Number: 83-0402815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANHOFF, MD, HOWARD
1547 EL PARDO DR
TRINITY, FL 34655 US

Name and Address of New Registered Agent:

MANHOFF, HOWARD A MD
1547 EL PARDO DR
TRINITY, FL 34655 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: HOWARD MANHOFF MD

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MANHOFF, HOWARD A MD
Address: 1547 EL PARDO DR
City-St-Zip: TRINITY, FL 34655

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MANHOFF, HOWARD A MD
Address: 1547 EL PARDO DR
City-St-Zip: TRINITY, FL 34655 US

Title: PRES () Change (X) Addition
Name: MANHOFF, HOWARD A MD
Address: 1547 EL PARDO DR
City-St-Zip: TRINITY, FL 34655 US

Title: MGR () Change (X) Addition
Name: MANHOFF, HOWARD A MD
Address: 1547 EL PARDO DR
City-St-Zip: TRINITY, FL 34655 US

Title: MGR () Change (X) Addition
Name: MANHOFF, HOWARD A MD
Address: 1547 EL PARDO DR
City-St-Zip: TRINITY, FL 34655 US

Title: MGR () Change (X) Addition
Name: MANHOFF, HOWARD A MD
Address: 1547 EL PARDO DR
City-St-Zip: TRINITY, FL 34655 US

Title: MGR () Change (X) Addition
Name: MANHOFF, HOWARD A MD
Address: 1547 EL PARDO DR
City-St-Zip: TRINITY, FL 34655 US

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: HOWARD MANHOFF MD

MGR

04/29/2009

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