

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000068601

**FILED**  
**Apr 09, 2010**  
**Secretary of State**

**Entity Name:** CRISTIAN J. PRESUTTI, M.D., P.L.

**Current Principal Place of Business:**

1701 S.E. HILLMOOR DRIVE  
SUITE 7  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

2964 N.E. ROSETREE DRIVE  
JENSEN BEACH, FL 34957

**New Mailing Address:**

FEI Number: 20-1709737

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PRESUTTI, CRISTIAN J  
1701 S.E. HILLMOOR DRIVE, SUITE 7  
PORT ST. LUCIE, FL 34952 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: PRESUTTI, CRISTIAN J M.D.  
Address: 1701 S.E. HILLMOOR DRIVE, SUITE 7  
City-St-Zip: PORT ST. LUCIE, FL 34952 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: CRISTIAN J PRESUTTI, M.D.

MGRM

04/09/2010

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