

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000080377

**FILED**  
**Apr 04, 2010**  
**Secretary of State**

**Entity Name:** ROBERT W. BURNS, M.D., F.A.C.S., P.L.

**Current Principal Place of Business:**

521 W. ST. RD. 434  
SUITE 306  
LONGWOOD, FL 32750

**New Principal Place of Business:**

521 W. STATE. RD. 434  
SUITE 306  
LONGWOOD, FL

**Current Mailing Address:**

521 W. ST. RD. 434  
SUITE 306  
LONGWOOD, FL 32750

**New Mailing Address:**

521 W. STATE RD 434  
SUITE 306  
LONGWOOD, FL 32750

**FEI Number:** 20-1877093

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PALMETTO CHARTER SERVICES, INC.  
150 MAGNOLIA AVE.  
DAYTONA BEACH, FL 32114 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: MGR  
Name: BURNS, ROBERT W M.D.  
Address: 521 W. ST. RD. 434  
City-St-Zip: LONGWOOD, FL 32750

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: ROBERT W. BURNS M.D.

MGR

04/04/2010

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