

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000086832

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Entity Name:** ROBERT BRAUNER, M.D., P.L.

**Current Principal Place of Business:**

13601 BRUCE B DOWNS BOULEVARD  
SUITE 121  
TAMPA, FL 336134605

**New Principal Place of Business:**

**Current Mailing Address:**

13601 BRUCE B DOWNS BOULEVARD  
SUITE 121  
TAMPA, FL 336134605

**New Mailing Address:**

13601 BRUCE B DOWNS BOULEVARD  
SUITE 121  
TAMPA, FL 336134605

**FEI Number:** 20-2020846

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRAUNER, ROBERT E M.D.  
13601 BRUCE B DOWNS BOULEVARD  
SUITE 121  
TAMPA, FL 336134605 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: BRAUNER, ROBERT E M.D.  
Address: 13601 BRUCE B DOWNS BOULEVARD, SUITE 121  
City-St-Zip: TAMPA, FL 336134605

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 BRAUNER MD

MGR

04/19/2010

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