

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000086832

**FILED**  
**Mar 24, 2011**  
**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:**

15328 WINDING CREEK DRIVE  
TAMPA, FL 33613

**Current Mailing Address:**

13601 BRUCE B DOWNS BOULEVARD  
SUITE 121  
TAMPA, FL 336134605

**New Mailing Address:**

15328 WINDING CREEK DRIVE  
TAMPA, FL 33613

**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:**

BRAUNER, ROBERT E M.D.  
15328 WINDING CREEK DRIVE  
TAMPA, FL 33613 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:

03/24/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** BRAUNER, ROBERT E M.D.  
**Address:** 15328 WINDING CREEK DRIVE  
**City-St-Zip:** TAMPA, FL 33613

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 E BRAUNER MD

MGR

03/24/2011

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