

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000000729

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** MICHAEL D. GORDON M.D., P.L.C.

**Current Principal Place of Business:**

3191 E. SEMORAN BLVD  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

3191 E. SEMORAN BLVD  
APOPKA, FL 32703

**New Mailing Address:**

**FEI Number:** 20-2096923

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NOBLE, JOANN  
2908 PINE AVE  
APOPKA, FL 32703 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:** GORDON, MICHAEL  
**Address:** 3509 LEGACY HILL CT  
**City-St-Zip:** LONGWOOD, FL 32779

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: JOANN M NOBLE

RN

01/04/2011

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