

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000000843

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

3191 E. SEMORAN BLVD.  
APOPKA, FL 32703

**New Principal Place of Business:**

3137 CECELIA DRIVE  
APOPKA, FL 32703

**Current Mailing Address:**

3191 E. SEMORAN BLVD.  
APOPKA, FL 32703

**New Mailing Address:**

3137 CECELIA DRIVE  
APOPKA, FL 32703

**FEI Number:** 20-2095566

**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:**

GEBAUER, MICHAEL R  
3137 CECELIA DRIVE  
APOPKA, FL 32703 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:** MICHAEL R. GEBAUER

03/10/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** GEBAUER, MICHAEL  
**Address:** 3137 CECILIA DR  
**City-St-Zip:** APOPKA, FL 32703

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:** MICHAEL GEBAUER MD

MRG

03/10/2011

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