2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2011
Secretary of State

DOCUMENT# L05000026421

Entity Name: STRINGER, DESAUTEL AND SENERIZ, LLC

Current Principal Place of Business:

609 W. HIGHLAND BLVD.
INVERNESS, FL 34452

New Principal Place of Business:

Current Mailing Address:

609 W. HIGHLAND BLVD.
INVERNESS, FL 34452

New Mailing Address:

FEI Number: 02-0742060 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRINGER, THOMAS F M.D.
609 W. HIGHLAND BLVD.
INVERNESS, FL 34452 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: STRINGER, THOMAS F M.D.
Address: 609 W. HIGHLAND BLVD.
City-St-Zip: INVERNESS, FL 34452

Title: MGRM
Name: STRINGER, LEAH
Address: 609 W. HIGHLAND BLVD.
City-St-Zip: INVERNESS, FL 34452

Title: MGRM
Name: DESAUTEL, MICHAEL D M.D.
Address: 609 W. HIGHLAND BLVD.
City-St-Zip: INVERNESS, FL 34452

Title: MGRM
Name: DESAUTEL, DEBORAH
Address: 609 W. HIGHLAND BLVD.
City-St-Zip: INVERNESS, FL 34452

Title: MGRM
Name: SENERIZ, MANUEL L M.D.
Address: 609 W. HIGHLAND BLVD.
City-St-Zip: INVERNESS, FL 34452

Title: MGRM
Name: SENERIZ, SHANNON N
Address: 609 W. HIGHLAND BLVD.
City-St-Zip: INVERNESS, FL 34452

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 Statues.

SIGNATURE: THOMAS F. STRINGER, MD MGRM 01/05/2011

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