


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000037606 1. Entity Name KAREN WILKENS, M.D., PLLC	
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Principal Place of Business 1535 KILLEARN CENTER BOULEVARD TALLAHASSEE, FL 32309	Mailing Address 1535 KILLEARN CENTER BOULEVARD TALLAHASSEE, FL 32309
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DO NOT WRITE IN THIS SPACE



01242008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2729780	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BIST, MICHAEL P 1300 THOMASWOOD DRIVE TALLAHASSEE, FL 32308

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILKENS, KAREN S 4044 KILMARTIN DR TALLAHASSEE, FL 32309
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Karen Wilkens, M.D., PLLC 3-4-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #