

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041893

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: JOHN A. DIETRICK M.D., P.L.

## Current Principal Place of Business:

13801 BRUCE B. DOWNS BLVD  
SUITE 104  
TAMPA, FL 33613

## New Principal Place of Business:

3000 MEDICAL PARK DR.  
SUITE 330  
TAMPA, FL 33613

## Current Mailing Address:

P.O. BOX 271305  
TAMPA, FL 33688

## New Mailing Address:

3000 MEDICAL PARK DR.  
SUITE 330  
TAMPA, FL 33613

FEI Number: 20-2754036

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DIETRICK, JOHN A M.D.  
13801 BRUCE B. DOWNS  
SUITE 104  
TAMPA, FL 33613 US

## Name and Address of New Registered Agent:

DIETRICK, JOHN A M.D.  
3000 MEDICAL PARK DR.  
SUITE 330  
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:

04/24/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: PRES ( ) Delete  
Name: DIETRICK, JOHN A  
Address: 13801 BRUCE B. DOWNS BLVD  
City-St-Zip: TAMPA, FL 33613

## ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition  
Name: DIETRICK, JOHN A  
Address: 3000 MEDICAL PARK DR.  
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOHN A. DIETRICK

PRES

04/24/2009

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