2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# L05000079517

Entity Name: FREDERICK C. KRAUS, M.D., PLLC

Current Principal Place of Business:

BOX 223
906 SW SAINT LUCIE WEST BLVD.
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

BOX 223
906 SW SAINT LUCIE WEST BLVD.
PORT SAINT LUCIE, FL 34986

New Mailing Address:

FEI Number: 42-1680381 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BDB AGENT CO.
5355 TOWN CENTER ROAD
SUITE 900
BOCA RATON, FL 33486 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: MGR ( ) Delete
Name: KRAUS, FREDERICK C MD
Address: BOX 223, 906 SW SAINT LUCIE WEST BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: FREDERICK C KRAUS OWNE 04/16/2009

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