

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084585

FILED
Apr 29, 2008
Secretary of State

Entity Name: WARREN R. ABEL, M.D., P.L.C.

Current Principal Place of Business:

1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756

New Principal Place of Business:

1201 FIFTH AVE., N.
SUITE 206
ST. PETERSBURG, FL 33705

Current Mailing Address:

1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756

New Mailing Address:

1201 FIFTH AVE., N.
SUITE 206
ST. PETERSBURG, FL 33705

FEI Number: 20-3369985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQ
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756 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 () Delete
Name: ABEL, WARREN R M.D.
Address: 1245 COURT STREET, SUITE 102
City-St-Zip: CLEARWATER, FL 33756

Title: MGRM () Delete
Name: ABEL, NAOMI
Address: 1245 COURT STREET, SUITE 102
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ABEL, WARREN R M.D.
Address: 1201 FIFTH AVE., N
City-St-Zip: ST. PETERESBURG, FL 33705

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: WARREN R. ABEL, MD

PRES

04/29/2008

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