

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084585

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

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-3369985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

ABEL, WARREN R PRES
1201 FIFTH AVE., NORTH
SUITE 206
ST. PETERSBURG, FL 33705 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: WARREN R. ABEL

04/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

Title: MGRM (X) 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 SUITE 206
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

PRES

04/17/2009

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