

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088328

**FILED**  
**Feb 19, 2011**  
**Secretary of State**

**Entity Name:** J. DAVID RUGGIERO, M.D., PLLC

**Current Principal Place of Business:**

2035 PROFESSIONAL CENTER DRIVE, SUITE A  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

2035 PROFESSIONAL CENTER DRIVE, SUITE A  
ORANGE PARK, FL 32073

**New Mailing Address:**

**FEI Number:** 20-3105899

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUGGIERO, J. DAVID M.D.  
2035 PROFESSIONAL CENTER DRIVE, SUITE A  
ORANGE PARK, FL 32073 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:** PRES  
**Name:** RUGGIERO, JOSEPH D MD  
**Address:** 2035 PROFESSIONAL CENTER DRIVE SUITE A  
**City-St-Zip:** ORANGE PARK, FL 32073 US

I hereby 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: JOSEPH DAVID RUGGIERO MD

MD

02/19/2011

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