

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000112364

**FILED**  
**Apr 08, 2010**  
**Secretary of State**

**Entity Name:** OLYMPIA PARK MEDICAL OFFICE DEVELOPMENT, LLC

**Current Principal Place of Business:**

1237 POCANTICO LANE  
KRISTON J. KENT, M.D.  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 112110  
NAPLES, FL 34108

**New Mailing Address:**

**FEI Number:** 20-3830884

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KENT, KRISTON J M.D.  
1237 POCANTICO LANE  
NAPLES, FL 34110 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  
Name: KENT, KRISTON J  
Address: 1237 POCANTICO LANE  
City-St-Zip: NAPLES, FL 34110

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: KRISTON J. KENT

MGR

04/08/2010

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