

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000115918

Entity Name: SANDRA CHECCA, M.D., LLC

**FILED**  
**Apr 25, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

10700 LEAFWING DRIVE  
SARASOTA, FL 34241

**New Principal Place of Business:**

800 N TAMIAMI TRAIL #407  
SARASOTA, FL 34236

**Current Mailing Address:**

10700 LEAFWING DRIVE  
SARASOTA, FL 34241

**New Mailing Address:**

800 N TAMIAMI TRAIL #407  
SARASOTA, FL 34236

FEI Number: 20-5071203

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHECCA, SANDRA M.D.  
10700 LEAFWING DRIVE  
SARASOTA, FL 34241 US

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

CHECCA, SANDRA M.D.  
800 N TAMIAMI TRAIL #407  
SARASOTA, FL 34236 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:

04/25/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CHECCA, SANDRA M.D.  
Address: 800 N TAMIAMI TRAIL TRAIL #407  
City-St-Zip: SARASOTA, FL 34236

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: SANDRA CHECCA, MD

MGR

04/25/2010

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