

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000120282

Entity Name: DR. GARY M. AKEL, P.L.

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

C/O GARY M. AKEL, O.D.  
3675 CATHEDRAL COVE ROAD  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GARY M. AKEL, O.D.  
953 LANE AVENUE SOUTH  
JACKSONVILLE, FL 32205

**New Mailing Address:**

FEI Number: 20-4021037

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AKEL, GARY M O.D.  
953 LANE AVENUE SOUTH  
JACKSONVILLE, FL 32205 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: AKEL, GARY M O.D.  
Address: 953 LANE AV SOUTH  
City-St-Zip: JACKSONVILLE, FL 32205

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: GARY AKEL

MGR

01/05/2011

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