

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000000004

Entity Name: AARON E. LONG, M.D., LLC

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2547 ARBORWOOD DRIVE  
VALRICO, FL 33594

**New Principal Place of Business:**

2547 ARBORWOOD DRIVE  
VALRICO, FL 33596

**Current Mailing Address:**

2547 ARBORWOOD DRIVE  
VALRICO, FL 33594

**New Mailing Address:**

2547 ARBORWOOD DRIVE  
VALRICO, FL 33596

FEI Number: 20-4009857

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

QUIGLEY, RYAN T  
1200 W. PLATT STREET  
SUITE 100  
TAMPA, FL 33606 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: LONG, AARON E  
Address: 2547 ARBORWOOD DRIVE  
City-St-Zip: VALRICO, FL 33594

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: AARON E. LONG, M.D.

MGR

04/29/2010

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