

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000000546

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Entity Name:** DIABETES & ENDOCRINOLOGY CONSULTANTS LLC

**Current Principal Place of Business:**

149 MOSES CREEK BLVD  
ST AUGUSTINE, FL 32086 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 840093  
ST AUGUSTINE, FL 32080 US

**New Mailing Address:**

**FEI Number:** 04-3842889

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAYLOR, WAINIO & NEVILLE, PA  
320 HIGH TIDE DRIVE  
SUITE 201  
ST AUGUSTINE, FL 32080 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: SHRESTHA, ANIL P  
Address: 149 MOSES CREEK BLVD  
City-St-Zip: ST AUGUSTINE, FL 32086 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: ANIL P. SHRESTHA

MGR

01/11/2010

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