2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# L06000009111

Entity Name: DONALD P. HARRELL, M.D., F.A.A.O.S., P.L.L.C.

Current Principal Place of Business:

1111 12TH ST STE 109
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

POB 5576
KEY WEST, FL 33045

New Mailing Address:

FEI Number: 81-0411108 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRELL, DONALD P M.D.
17244 KINGFISH LANE
SUGARLOAF KEY, FL 33042 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 ( ) Delete
Name: HARRELL, DONALD P M.D.
Address: 17244 KINGFISH LANE
City-St-Zip: SUGARLOAF KEY, FL 33042

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DONALD P HARRELL, MD DPH 03/05/2009

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