

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011034

**FILED**  
**Feb 04, 2010**  
**Secretary of State**

**Entity Name:** CESAR D. CRUZ, MD, LLC

**Current Principal Place of Business:**

701 WEST MARTIN LUTHER KING BLVD.  
SUITE 6  
TAMPA, FL 33603

**New Principal Place of Business:**

701 WEST MARTIN LUTHER KING BLVD.  
SUITE 5  
TAMPA, FL 33603

**Current Mailing Address:**

701 WEST MARTIN LUTHER KING BLVD.  
SUITE 6  
TAMPA, FL 33603

**New Mailing Address:**

701 WEST MARTIN LUTHER KING BLVD.  
SUITE 5  
TAMPA, FL 33603

**FEI Number:** 20-4222319

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HALL, W C  
4830 W. KENNEDY BOULEVARD  
SUITE 575  
TAMPA, FL 33609 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:** CRUZ, CESAR D MD  
**Address:** 701 W. MARTIN LUTHER KING BLVD., SUITE 5  
**City-St-Zip:** TAMPA, FL 33603

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: CESAR D. CRUZ

M

02/04/2010

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