

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000022975

Entity Name: PAMELA GIBNEY, D.O., PL

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1851 DORMIEONE ROAD N.  
ST. PETERSBURG, FL 33710

**New Principal Place of Business:**

610 WEST LAS OLAS BLVD  
718  
FORT LAUDERDALE, FL 33312

**Current Mailing Address:**

610 WEST LAS OLAS BLVD  
718  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

FEI Number: 20-4529089

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GIBNEY, PAMELA  
1851 DORMIEONE ROAD N  
ST. PETERSBURG, FL 33710 US

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

GIBNEY, PAMELA  
610 WEST LAS OLAS BLVD  
718  
FORT LAUDERDALE, FL 33312 US

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

01/07/2010

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: DR.  
Name: GIBNEY, PAMELA  
Address: 610 WEST LAS OLAS BLVD 718  
City-St-Zip: FORT LAUDERDALE, FL 33312

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: PAMELA GIBNEY

DR

01/07/2010

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