

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054482

FILED
Feb 28, 2009
Secretary of State

Entity Name: THYROID & ENDOCRINE CENTER OF FLORIDA, P.L.

Current Principal Place of Business:

5471 BEE RIDGE RD.
SUITE 500
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

5471 BEE RIDGE RD.
SUITE 500
SARASOTA, FL 34233

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

THOMISON, JAMES E
1800 SECOND STREET, STE. 808
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

LUPO, MARK A
5741 BEE RIDGE ROAD
SUITE 500
SARASOTA, FL 34233 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: MARK A LUPO

02/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LUPO, MARK A
Address: 5741 BEE RIDGE ROAD, SUITE 500
City-St-Zip: SARASOTA, FL 34233

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: MARK A LUPO

MGR

02/28/2009

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