

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054482

**FILED
Feb 21, 2010
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:

LUPO, MARK A
5741 BEE RIDGE ROAD
SUITE 500
SARASOTA, FL 34233 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: MGRM
Name: LUPO, MARK A
Address: 5741 BEE RIDGE ROAD, SUITE 500
City-St-Zip: SARASOTA, FL 34233

Title: MGRM
Name: LUPO, ANN L
Address: 1477 LANDINGS CIRCLE
City-St-Zip: SARASOTA, FL 34231

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: MARK A LUPO, MD

MGRM

02/21/2010

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