

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000054482

**FILED**  
**Feb 20, 2011**  
**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:**

1477 LANDINGS CIRCLE  
SARASOTA, FL 34231

**Current Mailing Address:**

5471 BEE RIDGE RD.  
SUITE 500  
SARASOTA, FL 34233

**New Mailing Address:**

1477 LANDINGS CIRCLE  
SARASOTA, FL 34231

**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:**

LUPO, MARK A  
1477 LANDINGS CIRCLE  
SARASOTA, FL 34231 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

02/20/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

MGRM

02/20/2011

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