

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064394

FILED
Mar 27, 2009
Secretary of State

Entity Name: PEARL CHU KWONG M.D., PLLC

Current Principal Place of Business:

10175 FORTUNE PARKWAY, SUITE 1203
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

10175 FORTUNE PARKWAY, SUITE 1203
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 14-1968179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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 () Delete
Name: KWONG, PEARL CHU M.D.
Address: 10175 FORTUNE PARKWAY, SUITE 1203
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR () Delete
Name: KWONG, PEARL CHU M.D.
Address: 10175 FORTUNE PARKWAY, SUITE 1203
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KWONG, PEARL C M.D.
Address: 10175 FORTUNE PARKWAY, SUITE 1203
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR (X) Change () Addition
Name: KWONG, PEARL C M.D.
Address: 10175 FORTUNE PARKWAY, SUITE 1203
City-St-Zip: JACKSONVILLE, FL 32256

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: PEARL C. KWONG

MGR

03/27/2009

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