2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L06000073137

Entity Name: WAYNE M. BURR, M.D., P.L.

Current Principal Place of Business:

9407 CYPRESS LAKE DRIVE
STE. C
FT. MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

9407 CYPRESS LAKE DRIVE
STE. C
FT. MYERS, FL 33919

New Mailing Address:

FEI Number: 20-5263517 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HERSCH, CRAIG R
9100 COLLEGE POINTE COURT
FT. MYERS, FL 33919 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: DR ( ) Delete
Name: BURR, WAYNE M MD
Address: 9407 CYPRESS LAKE DRIVE, STE. C
City-St-Zip: FORT MYERS, FL 33919 US

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: WAYNE M. BURR, MD DR. 04/27/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date