

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093632

**FILED**  
**Mar 01, 2010**  
**Secretary of State**

**Entity Name:** THOMAS A. PAGANUCCI, M.D., LLC

**Current Principal Place of Business:**

24801 DEER TRACE DRIVE  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

24801 DEER TRACE DRIVE  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

FEI Number: 06-1795107

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRADEN, LISA  
4623 FOREST HILL BLVD., STE. 111  
WEST PALM BEACH, FL 33415 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  
Name: PAGANUCCI, THOMAS A M.D.  
Address: 24801 DEER TRACE DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: T.PAGANUCCI

MGR

03/01/2010

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