

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000096158

Entity Name: SANDRA DEE, M.D., LLC

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1061 MEDICAL CENTER DRIVE  
SUITE 203  
ORANGE, FL 32763 US

**New Principal Place of Business:**

**Current Mailing Address:**

1061 MEDICAL CENTER DRIVE  
SUITE 203  
ORANGE, FL 32763 US

**New Mailing Address:**

FEI Number: 41-2128246

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DEE, SANDRA  
1061 MEDICAL CENTER DRIVE  
SUITE 203  
ORANGE, FL 32763 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: DEE, SANDRA  
Address: 1061 MEDICAL CENTER DRIVE  
City-St-Zip: SUITE 203, FL 32763 US

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: SANDRA DEE

MD

02/16/2010

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