

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000111018

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** DR. JUAN I. SANTOS & ASSOCIATES, PL

**Current Principal Place of Business:**

331 N. MAITLAND AVE., SUITE D-4  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

331 N. MAITLAND AVE., SUITE D-4  
MAITLAND, FL 32751

**New Mailing Address:**

**FEI Number:** 20-5961098

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANTOS, JUAN I DR.  
331 N. MAITLAND AVE., SUITE D-4  
MAITLAND, FL 32751 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:** SANTOS, JUAN I DR.  
**Address:** 331 N. MAITLAND AVE., SUITE D-4  
**City-St-Zip:** MAITLAND, FL 32751

**Title:** MGRM  
**Name:** SUAREZ, MARIA A DR  
**Address:** 331 N. MAITLAND AVE. D-4  
**City-St-Zip:** MAITLAND, FL 32751

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:** MARIA A SUAREZ

MGRM

01/12/2011

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