

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000000014

FILED
Apr 16, 2009
Secretary of State

Entity Name: POWEL A. CROSLY, M.D., P.L.

Current Principal Place of Business:

389 COMMERCIAL CT.
SUITE D2
VENICE, FL 34292

New Principal Place of Business:

Current Mailing Address:

389 COMMERCIAL CT.
SUITE D2
VENICE, FL 34292

New Mailing Address:

FEI Number: 20-8283257 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CROSLY, POWEL A.M.D.
389 COMMERCIAL CT.
SUITE D2
VENICE, FL 34292 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: CROSLY, POWEL A.M.D.
Address: 389 COMMERCIAL CT. SUITE D2
City-St-Zip: VENICE, FL 37292

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CROSLY, POWEL A.M.D.
Address: 389 COMMERCIAL CT. SUITE D2
City-St-Zip: VENICE, FL 34292

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: KATHLEEN BURKHART MRS. 04/16/2009

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