

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000004287

**FILED**  
**Jan 09, 2009**  
**Secretary of State**

**Entity Name:** KASEM CHARNVITAYAPONG, M.D., P.L.

**Current Principal Place of Business:**

2221 EAST OCEAN BOULEVARD  
SUITE 100  
STUART, FL 34996

**New Principal Place of Business:**

**Current Mailing Address:**

2221 EAST OCEAN BOULEVARD  
SUITE 100  
STUART, FL 34996

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

FOX, M. LANNING  
3473 SE WILLOUGHBY BOULEVARD  
STUART, FL 34994 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 ( ) Delete  
Name: CHARNVITAYAPONG, KASEM M.D.  
Address: 2221 EAST OCEAN BOULEVARD, SUITE 100  
City-St-Zip: STUART, FL 34996

**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: KASEM CHARNVITAYAPONG

MGRM

01/09/2009

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