

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000012913

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** 3310 SOUTHWEST 34TH STREET, L.L.C.

**Current Principal Place of Business:**

3310 S.W. 34TH STREET  
OCALA, FL 34474

**New Principal Place of Business:**

**Current Mailing Address:**

3310 S.W. 34TH STREET  
OCALA, FL 34474

**New Mailing Address:**

**FEI Number:** 01-0896738

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DRESEN, WILLIAM F MD  
3310 SW 34TH STREET  
OCALA, FL 34474 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:** DRESEN, WILLIAM F MD  
**Address:** 3310 SW 34 ST.  
**City-St-Zip:** OCALA, FL 34474

**Title:** MGR  
**Name:** STONE, IRA M MD  
**Address:** 3310 SW 34 ST.  
**City-St-Zip:** OCALA, FL 34474

**Title:** MGR  
**Name:** RAI, SWAROOP K MD  
**Address:** 3310 SW 34 ST  
**City-St-Zip:** OCALA, FL 34474

**Title:** MGR  
**Name:** MITTAL, VIJAY K MD  
**Address:** 3310 SW 34 ST  
**City-St-Zip:** OCALA, FL 34474

**Title:** MGR  
**Name:** ALONSO, JOSEPH R MD  
**Address:** 3310 SW 34 ST  
**City-St-Zip:** OCALA, FL 34474

**Title:** MGR  
**Name:** CACODCAR, SUREXA S MD  
**Address:** 3310 SW 34 ST  
**City-St-Zip:** OCALA, FL 34474

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:** WILLIAM F. DRESEN, MD

MGR

01/06/2010

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