

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000022115

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** GAGEL MEDICAL GROUP, PLLC

**Current Principal Place of Business:**

831 HIGHLAND STREET  
SARASOTA, FL 34234

**New Principal Place of Business:**

1910 MID OCEAN CIRCLE  
SARASOTA, FL 34239

**Current Mailing Address:**

831 HIGHLAND STREET  
SARASOTA, FL 34234

**New Mailing Address:**

1910 MID OCEAN CIRCLE  
SARASOTA, FL 34239

**FEI Number:** 13-4354793

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KALISH, CAROL A  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236 US

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

GAGEL, JANICE R  
1910 MID OCEAN CIRCLE  
SARASOTA, FL 34239 US

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: JANICE R GAGEL

04/27/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GAGEL, JANICE R M.D.  
Address: 1910 MID OCEAN CIRCLE  
City-St-Zip: SARASOTA, FL 34239

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: JANICE R GAGEL

MGR

04/27/2010

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