

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000051960

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

**Entity Name:** DRS. CHICHETTI, TORGERSON & HARTLEY, P.L.

**Current Principal Place of Business:**

1305 THOMASWOOD DRIVE  
TALLAHASSEE, FL 323087915

**New Principal Place of Business:**

**Current Mailing Address:**

1305 THOMASWOOD DRIVE  
TALLAHASSEE, FL 323087915

**New Mailing Address:**

**FEI Number:** 26-0189155

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PIERCE, ROBERT A  
123 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 323011517 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: DR  
Name: TORGERSON, NEIL E  
Address: 1305 THOMASWOOD DR  
City-St-Zip: TALLAHASSEE, FL 32308

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: NEIL E TORGERSON

VP

01/12/2011

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