

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000059411

Entity Name: CATHRYN POWERS MD, LLC

FILED  
Apr 24, 2008  
Secretary of State

**Current Principal Place of Business:**

6311 COTTONWOOD LANE  
APOLLO BEACH, FL 33572 US

**New Principal Place of Business:**

6191 MESSINA LANE  
206  
COCOA BEACH, FL 32931 US

**Current Mailing Address:**

PO BOX 3507  
APOLLO BEACH, FL 33572 US

**New Mailing Address:**

PO BOX 321327  
COCOA BEACH, FL 32932 US

FEI Number: 26-0308843

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SMALL BUSINESS ACCOUNTING SERVICES  
202 CRYSTAL GROVE BLVD  
LUTZ, FL 33548 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: POWERS, CATHRYN MD  
Address: PO BOX 3507  
City-St-Zip: APOLLO BEACH, FL 33572 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: POWERS, CATHRYN MD  
Address: PO BOX 321327  
City-St-Zip: COCOA BEACH, FL 32932 US

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: CATHRYN POWERS, MD

MGRM

04/24/2008

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