

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000071341

FILED
Feb 17, 2009
Secretary of State

Entity Name: DOLGIN DONNELLY DAVIS VINCENT LIMITED LIABILITY COMPANY

Current Principal Place of Business:

4714 N. ARMENIA AVENUE, STE. 200
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

4714 N. ARMENIA AVENUE, STE. 200
TAMPA, FL 33603

New Mailing Address:

FEI Number: 59-3607874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOLGIN, SANFORD R MD
4714 N. ARMENIA AVENUE, STE. 200
TAMPA, FL 33603 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: DOLGIN, SANFORD R MD
Address: 4714 N. ARMENIA AVENUE, STE. 200
City-St-Zip: TAMPA, FL 33603

Title: MGRM () Delete
Name: DONNELLY, KEVIN MD
Address: 4714 N. ARMENIA AVENUE, STE. 200
City-St-Zip: TAMPA, FL 33603

Title: MGRM () Delete
Name: DAVIS, DEAN MD
Address: 4714 N. ARMENIA AVENUE, STE. 200
City-St-Zip: TAMPA, FL 33603

Title: MGRM () Delete
Name: VINCENT, DANIEL MD
Address: 4714 N. ARMENIA AVENUE, STE. 200
City-St-Zip: TAMPA, FL 33603

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SANFORD R. DOLGIN, M.D.

MGRM

02/17/2009

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