

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90204 022 \*\*\*138.75

**DOCUMENT # L07000077575**

1. Entity Name

BRIAN D. HAAS, M.D., P.L.



Principal Place of Business

510 LONGMEADOW STREET  
CELEBRATION FL 34747

Mailing Address

510 LONGMEADOW STREET  
CELEBRATION FL 34747



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

26-0609217

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

AKERMAN SENTER FITT / R. FAIRBANKS

Street Address (P.O. Box Number is Not Acceptable)

50 NORTH LAURA ST.

Suite 2500

City

JACKSONVILLE

FL

Zip Code

32202

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**

**After May 1, 2008, Fee Will Be \$538.75**

**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME HAAS, BRIAN D M.D.  
STREET ADDRESS 510 LONGMEADOW STREET  
CITY-ST-ZIP CELEBRATION FL 34747

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

CHIEF OF BUREAU