2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# L07000077575

Entity Name: BRIAN D. HAAS, M.D., P.L.

Current Principal Place of Business:

510 LONGMEADOW STREET
CELEBRATION, FL 34747

New Principal Place of Business:

415 BRIERCLIFF DRIVE
ORLANDO, FL 32806

Current Mailing Address:

510 LONGMEADOW STREET
CELEBRATION, FL 34747

New Mailing Address:

415 BRIERCLIFF DRIVE
ORLANDO, FL 32806

FEI Number: 26-0609217 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AKERMAN SENTERFITT/R. FAIRBANKS
50 NORTH LACIRA ST.
SUITE 2500
JACKSONVILLE, FL 32202 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: MGR ( ) Delete
Name: HAAS, BRIAN D M.D.
Address: 510 LONGMEADOW STREET
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES:

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: BRIAN HAAS DR 01/07/2009

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