

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000086248

**FILED**  
**Mar 29, 2010**  
**Secretary of State**

**Entity Name:** DZUY LE, MD, LLC

**Current Principal Place of Business:**

211 CORAL SANDS DRIVE  
SUITE B  
ROCKLEDGE, FL 32955 US

**New Principal Place of Business:**

**Current Mailing Address:**

211 CORAL SANDS DRIVE  
SUITE B  
ROCKLEDGE, FL 32955 US

**New Mailing Address:**

110 LONGWOOD AVENUE  
PO BOX 565002, MS75  
ROCKLEDGE, FL 32955

**FEI Number:** 26-0818015

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

LE, DZUY  
462 STONEHENGE CIRCLE  
ROCKLEDGE, FL 32955 US

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

WUESTHOFF FAMILY PHYSICIAN INC  
110 LONGWOOD AVENUE  
ROCKLEDGE, FL 32955 US

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: EMIL P MILLER

03/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WUESTHOFF FAMILY PHYSICIANS INC  
Address: 110 LONGWOOD AVENUE  
City-St-Zip: ROCKLEDGE, FL 32955 US

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: EMIL P MILLER

MGRM

03/29/2010

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