

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000088937

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** A.G. ZAMPOGNA PERSONALIZED MEDICAL CARE, LLC

**Current Principal Place of Business:**

1350 TAMIAMI TRAIL  
SUITE 205  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

1350 TAMIAMI TRAIL  
SUITE 205  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:** 26-0807967

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZAMPOGNA, CARLO F  
3200 TAMIAMI TRAIL N.  
SUITE 200  
NAPLES, FL 34103 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  
Name: ZAMPOGNA, ANTONINO G  
Address: 1350 TAMIAMI TRAIL, SUITE 205  
City-St-Zip: NAPLES, FL 34102 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: CARLO ZAMPOGNA

MGRM

04/30/2011

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