

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000089791

**FILED**  
**Apr 19, 2009**  
**Secretary of State**

**Entity Name:** KISHA J. MORGAN, M.D. LLC

**Current Principal Place of Business:**

1895 FLOYD STREET  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

1895 FLOYD STREET  
SARASOTA, FL 34239

**New Mailing Address:**

**FEI Number:** 26-0828858

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORGAN, KISHA J M.D.  
1895 FLOYD STREET  
SARASOTA, FL 34238 US

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

MORGAN, KISHA J M.D.  
1895 FLOYD STREET  
SARASOTA, FL 34239 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:** KISHA J MORGAN, MD

04/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** MORGAN, KISHA J M.D.  
**Address:** 1895 FLOYD STREET  
**City-St-Zip:** SARASOTA, FL 34239

**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:** KISHA J MORGAN, MD

MGRM

04/19/2009

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