

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000110272

Entity Name: M. ALLEN LEE, M.D., P.L.

FILED  
Feb 09, 2009  
Secretary of State

## Current Principal Place of Business:

1744 CHALLEN AVENUE  
JACKSONVILLE, FL 32205

## New Principal Place of Business:

315 AVALON WAY  
THOMASVILLE, GA 31792

## Current Mailing Address:

1744 CHALLEN AVENUE  
JACKSONVILLE, FL 32205

## New Mailing Address:

315 AVALON WAY  
THOMASVILLE, GA 31792

FEI Number: 26-1325857

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEE, M. ALLEN  
1744 CHALLEN AVENUE  
JACKSONVILLE, FL 32205 US

## Name and Address of New Registered Agent:

LEE, M. ALLEN  
315 AVALON ROAD  
THOMASVILLE, FL 31792 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:

02/09/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ALLEN LEE, MARK  
Address: 1744 CHALLEN AVE  
City-St-Zip: JACKSONVILLE, FL 32205

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ALLEN LEE, MARK  
Address: 315 AVALON WAY  
City-St-Zip: THOMASVILLE, GA 31792

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: M. ALLEN LEE

MD

02/09/2009

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