2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2011
Secretary of State

DOCUMENT# L07000110272

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

Current Principal Place of Business:

315 AVALON WAY
THOMASVILLE, GA 31792

New Principal Place of Business:

Current Mailing Address:

315 AVALON WAY
THOMASVILLE, GA 31792

New Mailing Address:

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
315 AVALON ROAD
THOMASVILLE, FL 31792 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: ALLEN LEE, MARK
Address: 315 AVALON WAY
City-St-Zip: THOMASVILLE, GA 31792

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 Statues.

SIGNATURE: M. ALLEN LEE PRES 01/06/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date