

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000120398

Entity Name: BRIAN J. BIXLER, M.D., P.L.

FILED  
Apr 07, 2008  
Secretary of State

## Current Principal Place of Business:

120 MEDICAL BOULEVARD, STE 108  
SPRING HILL, FL 34609

## New Principal Place of Business:

10441 QUALITY DRIVE  
SUITE 307  
SPRING HILL, FL 34609

## Current Mailing Address:

120 MEDICAL BOULEVARD, STE 108  
SPRING HILL, FL 34609

## New Mailing Address:

10441 QUALITY DRIVE  
SUITE 307  
SPRING HILL, FL 34609

FEI Number: 26-1685920

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BIXLER, BRIAN J M.D.  
120 MEDICAL BOULEVARD, STE 108  
SPRING HILL, FL 34609 US

## Name and Address of New Registered Agent:

BIXLER, BRIAN J M.D.  
10441 QUALITY DRIVE  
SUITE 307  
SPRING HILL, FL 34609 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: BRIAN J. BIXLER

04/07/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: PRES ( ) Change (X) Addition  
Name: BIXLER, BRIAN J MD  
Address: 21220 SKY VISTA DRIVE  
City-St-Zip: LAND O LAKES, FL 34637

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: BRIAN J. BIXLER

PRES

04/07/2008

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