

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000120398

FILED
Jan 15, 2009
Secretary of State

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

Current Principal Place of Business:

10441 QUALITY DRIVE
SUITE 307
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

10441 QUALITY DRIVE
SUITE 307
SPRING HILL, FL 34609

New Mailing Address:

21220 SKY VISTA DRIVE
LAND O' LAKES, FL 34637

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.
10441 QUALITY DRIVE
SUITE 307
SPRING HILL, FL 34609 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: PRES () Delete
Name: BIXLER, BRIAN J MD
Address: 21220 SKY VISTA DRIVE
City-St-Zip: LAND O LAKES, FL 34637

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: BRIAN J BIXLER

PRES

01/15/2009

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