

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000120398

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

**FILED**  
**Jan 07, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

10441 QUALITY DRIVE  
SUITE 307  
SPRING HILL, FL 34609

**New Principal Place of Business:**

**Current Mailing Address:**

21220 SKY VISTA DRIVE  
LAND O' LAKES, FL 34637

**New Mailing Address:**

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  
Name: BIXLER, BRIAN J MD  
Address: 21220 SKY VISTA DRIVE  
City-St-Zip: LAND O LAKES, FL 34637

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 Statutes.

SIGNATURE: BRIAN J BIXLER

DR

01/07/2010

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