

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000123548

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** BARBARA A. STEIN, M.D., PLC

**Current Principal Place of Business:**

475 CENTRAL AVE  
400-B  
ST PETERSBURG, FL 33701 US

**Current Mailing Address:**

475 CENTRAL AVE  
400-B  
ST PETERSBURG, FL 33701 US

**New Principal Place of Business:**

475 CENTRAL AVE  
301  
ST PETERSBURG, FL 33701 US

**New Mailing Address:**

475 CENTRAL AVE  
301  
ST PETERSBURG, FL 33701 US

**FEI Number:** 68-0668478

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STEIN, BARBARA A M.D.  
475 CENTRAL AVE  
400-B  
ST PETERSBURG, FL 33701 US

**Name and Address of New Registered Agent:**

STEIN, BARBARA A M.D.  
475 CENTRAL AVE  
301  
ST PETERSBURG, FL 33701 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:

04/19/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STEIN, BARBARA A M.D.  
Address: 475 CENTRAL AVE, STE. 301  
City-St-Zip: ST PETERSBURG, FL 33701 US

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: BARBARA A STEIN, MD

MM

04/19/2011

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