2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2010
Secretary of State

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Entity Name: DOUGLAS CARLAN, M.D., P.L.

Current Principal Place of Business:

5957 BAYVIEW CIRCLE SOUTH
GULFPORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

5957 BAYVIEW CIRCLE SOUTH
GULFPORT, FL 33707

New Mailing Address:

FEI Number: 38-3776034 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LECOMPTE, MORRIS A
800 SECOND AVENUE SOUTH, SUITE 380
ST. PETERSBURG, FL 33701 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: MGR
Name: CARLAN, DOUGLAS M.D.
Address: 5957 BAYVIEW CIRCLE SOUTH
City-St-Zip: GULFPORT, FL 33707

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: DOUGLAS CARLAN MGR 01/05/2010

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