

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000016280

Entity Name: MARK E. GONWA, M.D., PLLC

FILED  
Apr 24, 2009  
Secretary of State

## Current Principal Place of Business:

4400 PGA BLVD  
STE 205  
PALM BEACH GARDENS, FL 334106540

## Current Mailing Address:

4400 PGA BLVD  
STE 205  
PALM BEACH GARDENS, FL 334106540

## New Principal Place of Business:

4440 PGA BLVD  
SUITE 402  
PALM BEACH GARDENS, FL 33410

## New Mailing Address:

4440 PGA BLVD  
SUITE 402  
PALM BEACH GARDENS, FL 33410

FEI Number: 26-1990191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GONWA, MARK E M.D.  
4400 PGA BLVD  
STE 205  
PALM BEACH GARDENS, FL 334106540 US

## Name and Address of New Registered Agent:

GONWA, MARK E M.D.  
4440 PGA BLVD  
SUITE 402  
PALM BEACH GARDENS, FL 33410 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:

04/24/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: GONWA, MARK E M.D.  
Address: 68 MONTEREY POINTE DR  
City-St-Zip: PALM BEACH GARDENS, FL 334105808

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: GONWA, MARK E M.D.  
Address: 68 MONTEREY POINTE DR  
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: MARK E GONWA, MD

MGRM

04/24/2009

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