

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000019157

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Entity Name:** THOMAS A. BECKETT, M.D., L.L.C.

**Current Principal Place of Business:**

11181 HEALTHPARK BLVD., SUITE 1000  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

11181 HEALTHPARK BLVD., SUITE 1000  
NAPLES, FL 34110

**New Mailing Address:**

FEI Number: 20-1200330

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BECKETT, THOMAS A M.D.  
11181 HEALTHPARK BLVD., SUITE 1000  
NAPLES, FL 34110 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: BECKETT, THOMAS A M.D.  
Address: 11181 HEALTHPARK BLVD., SUITE 1000  
City-St-Zip: NAPLES, FL 34110

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: THOMAS BECKETT

MGR

04/19/2010

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