

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000020226

Entity Name: ERIC EGOZI, M.D., P.L.

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

**Current Principal Place of Business:**

609 LAKEVIEW RD.  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

609 LAKEVIEW RD.  
CLEARWATER, FL 33756

**New Mailing Address:**

FEI Number: 26-2203385

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AEBEL, ERIN S ESQ  
SHUMAKER LOOP & KENDRICK LLP  
101 EAST KENNEDY BOULEVARD, STE 2800  
TAMPA, FL 33602 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: MGRM  
Name: EGOZI, ERIC M.D.  
Address: 609 LAKEVIEW RD.  
City-St-Zip: CLEARWATER, FL 33756

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: ERIC EGOZI

MGRM

01/19/2011

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