

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000057346

Entity Name: NUBIE-TEGA, LLC

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

601 MEDICAL PLAZA DRIVE  
LEESBURG, FL 34749

**New Principal Place of Business:**

**Current Mailing Address:**

601 MEDICAL PLAZA DRIVE  
LEESBURG, FL 34749

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

GELIGA, PEDRO L MD  
601 MEDICAL PLAZA DRIVE  
LEESBURG, FL 34749 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: DR  
Name: PEDRO L GELIGA MD.  
Address: 601 MEDICAL PLAZA DRIVE  
City-St-Zip: LEESBURG, FL 34749

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: PEDRO L GELIGA

DR

04/15/2011

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