

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000060499

FILED
Feb 05, 2009
Secretary of State

Entity Name: SLEZAK COLORECTAL SURGICAL CLINIC, PL

Current Principal Place of Business:

3010 WEST CHAPIN AVENUE
TAMPA, FL 33611 US

New Principal Place of Business:

4814 N HABANA AVE
TAMPA, FL 33614 US

Current Mailing Address:

3010 WEST CHAPIN AVENUE
TAMPA, FL 33611 US

New Mailing Address:

4814 N HABANA AVE
TAMPA, FL 33614 US

FEI Number: 26-2838662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, GARY ESQUIRE
202 S. ROME AVENUE
100
TAMPA, FL 33606 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 () Delete
Name: SLEZAK, LORI A
Address: 3010 W. CHAPIN AVENUE
City-St-Zip: TAMPA, FL 33611 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LORI A SLEZAK

MGRM

02/05/2009

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