

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000060499

FILED
Jan 22, 2010
Secretary of State

Entity Name: SLEZAK COLORECTAL SURGICAL CLINIC, PL

Current Principal Place of Business:

4814 N HABANA AVE
TAMPA, FL 33614 US

New Principal Place of Business:

Current Mailing Address:

4814 N HABANA AVE
TAMPA, FL 33614 US

New Mailing Address:

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
Name: SLEZAK, LORI A
Address: 3010 W. CHAPIN AVENUE
City-St-Zip: TAMPA, FL 33611 US

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: LORI A SLEZAK MM 01/22/2010

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