

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000063869

Entity Name: DANIEL GILL, M.D. P.L.

FILED
Jan 31, 2009
Secretary of State

Current Principal Place of Business:

5900 COLLEGE ROAD
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

PO BOX 5205
KEY WEST, FL 33045

New Mailing Address:

FEI Number: 58-2815859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILL, DANIEL M.D.
5900 COLLEGE ROAD
KEY WEST, FL 33040 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: GILL, DANIEL M.D.
Address: 5900 COLLEGE ROAD
City-St-Zip: KEY WEST, FL 33040

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: DANIEL GILL

MGRM

01/31/2009

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