2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2011
Secretary of State

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

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: 59-2815859 **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
Name: GILL, DANIEL M.D.
Address: 5900 COLLEGE ROAD
City-St-Zip: KEY WEST, FL 33040

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 Statues.

SIGNATURE: DANIEL GILL PRES 02/09/2011

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