

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000063869

FILED
Jan 19, 2012
Secretary of State

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 Statutes.

SIGNATURE: DANIEL LGILL

PRES

01/19/2012

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