

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000066213

Entity Name: L. DORE, M.D., P.L.

FILED
Feb 06, 2010
Secretary of State

Current Principal Place of Business:

3262 COVE BEND DRIVE
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

3262 COVE BEND DRIVE
TAMPA, FL 33613

New Mailing Address:

FEI Number: 26-2912482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORE, LUCRECIA MD
3262 COVE BEND DRIVE
TAMPA, FL 33613 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: DORE, LUCRECIA M.D.
Address: 3262 COVE BEND DRIVE
City-St-Zip: TAMPA, FL 33613

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: LUCRECIA DORE

MGRM

02/06/2010

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