2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2011
Secretary of State

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

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 (X)**

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 Statues.

SIGNATURE: LUCRECIA DORE, M.D. MGRM 04/15/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date