

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000068939

Entity Name: JEAN-FELERT CADET, M.D., LLC

**FILED**  
**Jan 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1226 S.W. MAIN BLVD.  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2204  
LAKE CITY, FL 32056

**New Mailing Address:**

FEI Number: 59-3470069

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CADET, JEAN-FELERT  
1226 SW MAIN BLVD  
LAKE CITY, FL 32025 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: CADET, JEAN-FELERT MD MPH  
Address: 1226 S.W. MAIN BLVD.  
City-St-Zip: LAKE CITY, FL 32025

Title: MGR  
Name: THEVENIN-CADET, MARIE CADET  
Address: 170 SW WOOD DUCK CT  
City-St-Zip: LAKE CITY, FL 32024

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: JEAN-FELERT CADET

MGR

01/29/2011

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