

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000070274

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: SERGIO J. VIGNALI, M.D., LLC

## Current Principal Place of Business:

480 N.E. 30TH STREET, #1401  
MIAMI, FL 33137

## New Principal Place of Business:

13100 WESTLINKS TERRACE  
SUITE 10  
FORT MYERS, FL 33913 US

## Current Mailing Address:

480 N.E. 30TH STREET, #1401  
MIAMI, FL 33137

## New Mailing Address:

11300 LINDBERGH BLVD,  
STE 103. PMB 109  
FORT MYERS, FL 33913 US

FEI Number: 26-3053170

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

VIGNALI, SERGIO J M.D.  
13100 WESTLINKS TERRACE, STE. D  
FORT MYERS, FL 33913 US

## Name and Address of New Registered Agent:

VIGNALI, SERGIO J M.D.  
13100 WESTLINKS TERRACE,  
SUITE 10  
FORT MYERS, FL 33913 US

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:

04/24/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: VIGNALI, SERGIO J M.D.  
Address: 480 N.E. 30TH STREET, #1401  
City-St-Zip: MIAMI, FL 33137

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: VIGNALI, SERGIO J M.D.  
Address: 13100 WESTLINKS TERRACE, STE 10  
City-St-Zip: FORT MYERS, FL 33913 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SERGIO J VIGNALI

MGR

04/24/2009

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