

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000081824

Entity Name: VICTORIA D. WOODS MD, LLC

**FILED**  
**May 01, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

1325 SNELL ISLE BLVD.  
SUITE 205C  
ST. PETERSBURG, FL 33704

## **New Principal Place of Business:**

535 CENTRAL AVENUE  
SUITE 301  
ST. PETERSBURG, FL 33701

## **Current Mailing Address:**

P.O. BOX 7929  
ST. PETERSBURG, FL 33734

## **New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

WOODS, VICTORIA D  
1325 SNELL ISLE BLVD.  
SUITE 205C  
ST. PETERSBURG, FL 33704 US

## **Name and Address of New Registered Agent:**

WOODS, VICTORIA D  
535 CENTRAL AVENUE  
SUITE 301  
ST. PETERSBURG, FL 33701 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:

Electronic Signature of Registered Agent

05/01/2010

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WOODS, VICTORIA D  
Address: 535 CENTRAL AVENUE ,STE 301  
City-St-Zip: ST. PETERSBURG, FL 33701

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: VICTORIA D. WOODS,MD

MGR

05/01/2010

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