

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000082149

Entity Name: TODD SMITH, MD, PLC

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1425 SHADWELL CIR  
LAKE MARY, FL 32746

**New Principal Place of Business:**

213 SHILOH COVE  
LAKE MARY, FL 32746

**Current Mailing Address:**

1425 SHADWELL CIR  
LAKE MARY, FL 32746

**New Mailing Address:**

213 SHILOH COVE  
LAKE MARY, FL 32746

FEI Number: 30-0519094

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMITH, TODD MD  
1425 SHADWELL CIR  
LAKE MARY, FL 32746 US

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

SMITH, TODD MD  
213 SHILOH COVE  
LAKE MARY, FL 32746 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

01/05/2010

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SMITH, TODD MD  
Address: 213 SHILOH COVE  
City-St-Zip: LAKE MARY, FL 32746

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: TODD B. SMITH

MGRM

01/05/2010

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