2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

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Entity Name: DIABETES, THYROID & ENDOCRINOLOGY CENTER, P.L.

Current Principal Place of Business:

13911 LAKESHORE BLVD.
HUDSON, FL 34667

New Principal Place of Business:

13911 LAKESHORE BLVD.
A
HUDSON, FL 34667 US

Current Mailing Address:

4832 JEWELL TERRACE
PALM HARBOR, FL 34685

New Mailing Address:

4832 JEWELL TERRACE
PALM HARBOR, FL 34685 US

FEI Number: 26-3323799 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FARIS, TALAL M.D.
4832 JEWELL TERRACE
PALM HARBOR, FL 34685 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: M.D. ( ) Change (X) Addition
Name: FARIS, TALAL M.D.
Address: 13911 LAKESHORE BLVD., SUITE A
City-St-Zip: HUDSON, FL 34685 US

Title: M.D. ( ) Change (X) Addition
Name: FARIS, TALAL M.D.
Address: 5413 US HWY 19
City-St-Zip: NEW PORT RICHEY, FL 34685 US

Title: M.D. ( ) Change (X) Addition
Name: FARIS, TALAL M.D.
Address: 2196 MAIN STREET, SUITE F
City-St-Zip: DUNEDIN, FL 34698 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: TALAL FARIS M.D. 04/19/2009

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