

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000084563

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

13911 LAKESHORE BLVD.  
A  
HUDSON, FL 34667 US

**New Principal Place of Business:**

7414 COMMUNITY CT.  
HUDSON, FL 34667 US

**Current Mailing Address:**

4832 JEWELL TERRACE  
PALM HARBOR, FL 34685 US

**New Mailing Address:**

**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:** M.D.  
**Name:** FARIS, TALAL M.D.  
**Address:** 7414 COMMUNITY CT.  
**City-St-Zip:** HUDSON, FL 34685 US

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: TALAL FARIS

M.D.

01/08/2010

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