

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000089796

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: MARIA F. BENDECK, D.O., P.L.

**Current Principal Place of Business:**

12866 CARRINGTON CIRCLE, #102  
NAPLES, FL 34105

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7968  
NAPLES, FL 34101

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

HL STATUTORY AGENT, INC.  
% JEFFREY M. FOLKMAN, ESQ.  
800 LAUREL OAK DRIVE, STE. 600  
NAPLES, FL 34108 US

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

HL STATUTORY AGENT, INC.  
800 LAUREL OAK DRIVE  
SUITE 600  
NAPLES, FL 34108 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

03/24/2009

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BENDECK, MARIA F D.O.  
Address: P.O. BOX 7968  
City-St-Zip: NAPLES, FL 34101

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MARIA F. BENDECK, D.O.

MGR

03/24/2009

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