

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000096059

FILED
Apr 24, 2009
Secretary of State

Entity Name: MARK F. HARPER M.D., P.L.

Current Principal Place of Business:

46 NORTH WASHINGTON BLVD., SUITE #1
SARASOTA, FL 34236

New Principal Place of Business:

1221 DEBRECEN ROAD
SARASOTA, FL 34240

Current Mailing Address:

46 NORTH WASHINGTON BLVD., SUITE #1
SARASOTA, FL 34236

New Mailing Address:

1221 DEBRECEN ROAD
SARASOTA, FL 34240

FEI Number: 26-3519223

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LPS CORPORATE SERVICES, INC.
46 NORTH WASHINGTON BLVD., SUITE #1
SARASOTA, FL 34236 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: MGRM () Delete
Name: HARPER, MARK F M.D.
Address: 46 NORTH WASHINGTON BLVD., SUITE #1
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HARPER, MARK F M.D.
Address: 1221 DEBRECEN ROAD
City-St-Zip: SARASOTA, FL 34240

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: MARK F HARPER

MGRM

04/24/2009

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