

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000103839

**Entity Name:** HERMES O. KOOP, M.D., P.L.

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

599 TAMAMI TRAIL NORTH  
#307  
NAPLES, FL 34102

**New Principal Place of Business:**

515 21ST AVE. SOUTH  
NAPLES, FL 34102

**Current Mailing Address:**

**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:**

NAPLES-LAWDOCK, INC.  
1395 PANTHER LANE  
SUITE 300  
NAPLES, FL 34109 US

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

JOHNSON, KIM  
1395 PANTHER LANE  
SUITE 300  
NAPLES, FL 34109 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: KIM JOHNSON

03/18/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGMR  
Name: KOOP, HERMES O  
Address: 515 21ST AVE SOUTH  
City-St-Zip: NAPLES, FL 34102

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: HERMES KOOP

MGMR

03/18/2010

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