

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000108031

**FILED**  
**Jan 21, 2009**  
**Secretary of State**

**Entity Name:** DR. STEVE T. BUSSA, OD, PLLC

**Current Principal Place of Business:**

1216 W LAS OLAS BLVD  
FT LAUDERDALE, FL 33312 US

**New Principal Place of Business:**

2250 N.E. 163RD ST.  
NORTH MIAMI BEACH, FL 33160 US

**Current Mailing Address:**

PO BOX 290994  
DAVIE, FL 33329 US

**New Mailing Address:**

**FEI Number:** 26-3757363      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BUSSA, STEVE T  
1216 W LAS OLAS BLVD  
FT LAUDERDALE, FL 33312 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:** BUSSA, STEVE T  
**Address:** PO BOX 290994  
**City-St-Zip:** DAVIE, FL 33329 US

**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:** STEVE T. BUSSA, O.D.      DR.      01/21/2009

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