

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000035861

**FILED**  
**Aug 19, 2010**  
**Secretary of State**

**Entity Name:** ERLINDA P. ZABALLERO, M.D. LLC

**Current Principal Place of Business:**

2711 SWOOP CIRCLE  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

**Current Mailing Address:**

2711 SWOOP CIRCLE  
KISSIMMEE, FL 34741

**New Mailing Address:**

**FEI Number:** 27-1050453

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZABALLERO, ERLINDA P M.D.  
2711 SWOOP CIRCLE  
KISSIMMEE, FL 34741 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: MGR  
Name: SAGUIN, SAMUEL O  
Address: 2711 SWOOP CIRCLE  
City-St-Zip: KISSIMMEE, FL 34741

Title: MGRM  
Name: ZABALLERO, WILLIAM P  
Address: 4410 LAKE CALABAY DR  
City-St-Zip: ORLANDO, FL 32837

Title: MGRM  
Name: ZABALLERO, ERLINDA P M.D.  
Address: 2711 SWOOP CIRCLE  
City-St-Zip: KISSIMMEE, FL 34741

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: ERLINDA P. ZABALLERO, M.D.

MGRM

08/19/2010

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