

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000035861

**FILED**  
**Apr 28, 2011**  
**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

MGRM

04/28/2011

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