

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000039857

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** CHRISTOPHER J. PASTORE, M.D., P.L.

**Current Principal Place of Business:**

4211 VAN DYKE ROAD  
SUITE 205  
LUTZ, FL 33558

**New Principal Place of Business:**

**Current Mailing Address:**

4424 SOUTH SWANN CIRCLE  
TAMPA, FL 33609

**New Mailing Address:**

4211 VAN DYKE ROAD  
SUITE 205  
LUTZ, FL 33558

**FEI Number:** 26-4814002

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

TANEJA, SUPRIYA ESQ  
SHUMAKER, LOOP & KENDRICK, LLP  
101 EAST KENNEDY BLVD SUITE 2800  
TAMPA, FL 33602 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  
**Name:** PASTORE, CHRISTOPHER J  
**Address:** 4211 VAN DYKE ROAD, SUITE 205  
**City-St-Zip:** LUTZ, FL 33558

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:** CHRISTOPHER J. PASTORE

MGRM

04/21/2011

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