

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000047458

**FILED**  
**Jan 17, 2011**  
**Secretary of State**

**Entity Name:** ASSOCIATES IN GERIATRIC MEDICINE, LLC

**Current Principal Place of Business:**

13625 EAGLE RIDGE DRIVE  
325  
FT MYERS, FL 33912

**New Principal Place of Business:**

923 DEL PRADO BLVD S  
105  
CAPE CORAL, FL 33990

**Current Mailing Address:**

13625 EAGLE RIDGE DRIVE  
325  
FT MYERS, FL 33912

**New Mailing Address:**

923 DEL PRADO BLVD S  
105  
CAPE CORAL, FL 33990

**FEI Number:** 27-1336550

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REDDY, NALLU S  
13625 EAGLE RIDGE DRIVE  
325  
FT MYERS, FL 33912 US

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

REDDY, NALLU S  
923 DEL PRADO BLVD S  
105  
CAPE CORAL, FL 33990 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: NALLU SAGAR REDDY

01/17/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: REDDY, NALLU S  
Address: 923 DEL PRADO BLVD S STE 105  
City-St-Zip: CAPE CORAL, FL 33990

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: NALLU SAGAR REDDY

P

01/17/2011

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