

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000064241

FILED  
Apr 23, 2010  
Secretary of State

**Entity Name:** LAKEWOOD RANCH PREMIER CARE, P.L.

**Current Principal Place of Business:**

8340 LAKEWOOD RANCH BLVD  
STE 350  
LAKEWOOD RANCH, FL 34202

**New Principal Place of Business:**

**Current Mailing Address:**

8340 LAKEWOOD RANCH BLVD  
STE 350  
LAKEWOOD RANCH, FL 34202

**New Mailing Address:**

FEI Number: 27-0495725

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HERSHORIN, LAURA L  
8340 LAKEWOOD RANCH BLVD  
STE 350  
LAKEWOOD RANCH, FL 34202 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: HERSHORIN, LAURA L MD  
Address: 8340 LAKEWOOD RANCH BLVD. #350  
City-St-Zip: LAKEWOOD RANCH, FL 34202

Title: MGRM  
Name: CONTINO, PATRICK J MD  
Address: 8340 LAKEWOOD RANCH BLVD. #350  
City-St-Zip: LAKEWOOD RANCH, FL 34202

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: LAURA L. HERSHORIN, MD

MGMR

04/23/2010

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