

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000068474

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** THE DOC'S IN ERGENTCARE, LLC

**Current Principal Place of Business:**

210 N HIGHWAY 27  
TOWER MEDICAL CENTER, SUITE 4  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

210 N HIGHWAY 27  
TOWER MEDICAL CENTER, SUITE 4  
CLERMONT, FL 34711

**New Mailing Address:**

**FEI Number:** 27-0556370

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DURSTEIN-DECKER, CHERYL  
10664 LAKE MINNEOLA SHORES  
CLERMONT, FL 34711 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: PD  
Name: DURSTEIN-DECKER, CHERYL  
Address: 10664 LAKE MINNEOLA SHORES  
City-St-Zip: CLERMONT, FL 34711

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: CHERYL DURSTEIN DECKER

PRES

04/14/2011

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