

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000082415

Entity Name: GABO, LLC

FILED
Jan 04, 2011
Secretary of State

Current Principal Place of Business:

4810 NORTH DAVIS HWY
PENSACOLA, FL 32503

New Principal Place of Business:

Current Mailing Address:

4810 NORTH DAVIS HWY
PENSACOLA, FL 32503

New Mailing Address:

4828 NORTH DAVIS HWY
PENSACOLA, FL 32503

FEI Number: 90-0522036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STACKHOUSE, HARRY B
125 W ROMANA STREET STE 800
PENSACOLA, FL 32502 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: GASSETS LLC
Address: 4810 NORTH DAVIS HWY
City-St-Zip: PENSACOLA, FL 32503

Title: DR
Name: SOUED, MOUNZER M.D.
Address: 4810 NORTH DAVIS HWY
City-St-Zip: PENSACOLA, FL 32503

Title: DR
Name: HAKIM, FARES S M.D.
Address: 4810 N. DAVIS HWY
City-St-Zip: PENSACOLA, FL 32503

Title: DR
Name: REILLY, PATRICK F M.D.
Address: 4810 N. DAVIS HWY
City-St-Zip: PENSACOLA, FL 32503

Title: DR
Name: ADKISSON, KENDRAL W M.D.
Address: 4810 N. DAVIS HWY
City-St-Zip: PENSACOLA, FL 32503

Title: DR
Name: CARTEE, WAYNE D M.D.
Address: 4810 N. DAVIS HWY
City-St-Zip: PENSACOLA, FL 32503

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: KIM HALL

A/P

01/04/2011

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