

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000101980

**FILED**  
**May 18, 2010**  
**Secretary of State**

**Entity Name:** MEDICAL SPECIALISTS OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

7932 WEST SAND LAKE ROAD, SUITE 203  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

7932 WEST SAND LAKE ROAD, SUITE 203  
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number:** 27-1219431

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WIDMER, LUKE  
7932 WEST SAND LAKE ROAD, SUITE 203  
ORLANDO, FL 32819 US

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

STEELE, WILLIAM A  
7932 WEST SAND LAKE ROAD, SUITE 203  
ORLANDO, FL 32819 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: WILLIAM A STEELE

05/18/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STEELE, WILLIAM A  
Address: 7932 WEST SAND LAKE RD SUITE 203  
City-St-Zip: ORLANDO, FL 32819

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: WILLIAM A STEELE

MGRM

05/18/2010

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