

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000108518

FILED
Jan 07, 2012
Secretary of State

Entity Name: CAROLYN CHOW, M.D., L.L.C.

Current Principal Place of Business:

7252 GULF WAY
HUDSON, FL 34667 US

New Principal Place of Business:

Current Mailing Address:

7252 GULF WAY
HUDSON, FL 34667 US

New Mailing Address:

4400 SOUTH OCEAN BLVD.
HIGHLAND BEACH, FL 33487 US

FEI Number: 80-0498174

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CHOW, CAROLYN E M.D.
7252 GULF WAY
HUDSON, FL 34667 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: MGR
Name: CHOW, CAROLYN MD
Address: 7252 GULF WAY
City-St-Zip: HUDSON, FL 34667 US

Title: MGRM
Name: CHOW, MONIKA Y
Address: 7252 GULF WAY
City-St-Zip: HUDSON, FL 34667 US

Title: MGRM
Name: CHOW, SAMSON
Address: 7252 GULF WAY
City-St-Zip: HUDSON, FL 34667 US

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: SAMSON CHOW

MGRM

01/07/2012

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