

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000112922

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** MARINA V. KULICK, M.D., P.L.C.

**Current Principal Place of Business:**

703 PINELLAS AVE S.  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

703 PINELLAS AVE S.  
TARPON SPRINGS, FL 34689 US

**Current Mailing Address:**

703 PINELLAS AVE S.  
TARPON SPRINGS, FL 34689

**New Mailing Address:**

703 PINELLAS AVE S.  
TARPON SPRINGS, FL 34689 US

**FEI Number:** 27-1406336

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GASSMAN, ALAN S ESQUIRE  
1245 COURT STREET, SUITE 102  
CLEARWATER, FL 33756 US

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

KULICK, ANDREW J  
703 PINELLAS AVENUE S.  
TARPON SPRINGS, FL 34689 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: ANDREW J KULICK

02/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KULICK, MARINA V M.D.  
Address: 703 PINELLAS AVE S  
City-St-Zip: TARPON SPRINGS, FL 34689 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: MARINA V KULICK

MGRM

02/16/2011

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