

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000113314

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** BRENDON CONNOLLY, M.D., P.L.

**Current Principal Place of Business:**

2750 BAHIA VISTA STREET, SUITE 100  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

2750 BAHIA VISTA STREET, SUITE 100  
SARASOTA, FL 34239

**New Mailing Address:**

6425 BLUE GROSBEAK CIRCLE  
BRADENTON, FL 34202

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LPS CORPORATE SERVICES, INC.  
46 N. WASHINGTON BLVD., SUITE 1  
SARASOTA, FL 34236 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: CONNOLLY, BRENDON M.D.  
Address: 2750 BAHIA VISTA STREET, SUITE 100  
City-St-Zip: SARASOTA, FL 34239

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: BRENDON CONNOLLY

MGRM

04/30/2010

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