

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000042224

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** TREVISANI ORAL SURGERY METRO WEST P.L.C.

**Current Principal Place of Business:**

511 WEKIVA COMMONS CIRCLE  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

511 WEKIVA COMMONS CIRCLE  
APOPKA, FL 32712

**New Mailing Address:**

**FEI Number:** 27-2382433

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GASSMAN, ALAN S ESQ  
1245 COURT ST  
STE 102  
CLEARWATER, FL 33756 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:** TREVISANI, RONALD J  
**Address:** 511 WEKIVA COMMONS CIRCLE  
**City-St-Zip:** APOPKA, FL 32712

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:** RONALD J TREVISANI

MGRM

04/29/2011

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