

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000042502

Entity Name: ROMAN MEDICAL LLC

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2041 SCHULLER WAY  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

460 RACCOON STREET  
LAKE MARY, FL 32746

**Current Mailing Address:**

2041 SCHULLER WAY  
CASSELBERRY, FL 32707

**New Mailing Address:**

460 RACCOON STREET  
LAKE MARY, FL 32746

FEI Number: 27-2393894

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROMAN, CLARA I MD  
2041 SCHULLER WAY  
CASSELBERRY, FL 32707 US

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

ROMAN, CLARA I MD  
460 RACCOON STREET  
LAKE MARY, FL 32746 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:

04/19/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ROMAN, CLARA I MD  
Address: 460 RACCOON STREET  
City-St-Zip: LAKE MARY, FL 32746

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: CLARA ROMAN

MGR

04/19/2011

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