

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000054814

Entity Name: MEDIGAP-ADVISORS LLC

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

**Current Principal Place of Business:**

180 SAGE CIRCLE  
CRYSTAL BEACH, FL 34681

**New Principal Place of Business:**

114 WINDWARD PLACE  
OLDSMAR, FL 34677 US

**Current Mailing Address:**

PO BOX 422  
CRYSTAL BEACH, FL 34681

**New Mailing Address:**

114 WINDWARD PLACE  
OLDSMAR, FL 34677 US

FEI Number: 80-0597943

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PALMIERI, RONALD  
PO BOX 422  
CRYSTAL BEACH, FL 34681 US

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

PHILIPPE, CHRISTOPHER A SR.  
114 WINDWARD PLACE  
OLDSMAR, FL 34677 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: CHRISTOPHER A. PHILIPPE SR.

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PHILIPPE, CHRISTOPHER A SR.  
Address: 114 WINDWARD PLACE  
City-St-Zip: OLDSMAR, FL 34677 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: CHRISTOPHER A. PHILIPPE SR.

MGR

04/29/2011

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