

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L10000061459

Entity Name: R. J. CONNOLLY, M.D., P.L.

**FILED**  
**May 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1501 S.W. SEA HOLLY WAY  
PALM CITY, FL 34990 US

**New Principal Place of Business:**

3301 EVENTIDE PLACE  
STUART, FL 34994 US

**Current Mailing Address:**

P.O. BOX 2399  
STUART, FL 34995 US

**New Mailing Address:**

FEI Number: 27-2826494

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CONNOLLY, ROBIN J M.D.  
1501 S.W. SEA HOLLY WAY  
PALM CITY, FL 34990 US

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

CONNOLLY, ROBIN J M.D.  
3301 EVENTIDE PLACE  
STUART, FL 34994 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: ROBIN J. CONNOLLY

05/06/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CONNOLLY, ROBIN J M.D.  
Address: 3301 EVENTIDE PLACE  
City-St-Zip: STUART, FL 34994 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: ROBIN J. CONNOLLY

MGRM

05/06/2011

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