

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000066223

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** ALEXANDER A. KUCEWICZ, D.O., PLLC

**Current Principal Place of Business:**

PEACE RIVER REGIONAL MEDICAL CENTER  
2500 HARBOR BLVD.  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

PEACE RIVER REGIONAL MEDICAL CENTER  
2500 HARBOR BLVD.  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

**FEI Number:** 27-3003968

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KUCEWICZ, ALEXANDER A DO  
12274 SW EGRET CIR. UNIT 3206  
LAKE SUZY, FL 34269 US

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

KUCEWICZ, ALEXANDER A DO  
12274 SW EGRET CIR. UNIT 3205  
LAKE SUZY, FL 34269 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:** ALEXANDER A KUCEWICZ

01/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** KUCEWICZ, ALEXANDER A DO  
**Address:** 12274 SW EGRET CIR. UNIT 3205  
**City-St-Zip:** LAKE SUZY, FL 34269

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:** ALEXANDER A KUCEWICZ

PRES

01/05/2012

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