

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000070627

Entity Name: MEDICAL ADVISORS, LLC

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

125 TOWER STREET  
LAKE PLACID, FL 33852 US

**New Principal Place of Business:**

2180 IMMOKALEE RD.  
305  
NAPLES, FL 34110 US

**Current Mailing Address:**

529 1ST AVE S  
NAPLES, FL 34102 US

**New Mailing Address:**

FEI Number: 27-3238152      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PAMELA T. KARLSON, P.A.  
301 DAL HALL BLVD  
LAKE PLACID, FL 33852 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: MGR  
Name: KLOHN, WILLIAM L  
Address: 529 1ST AVE S  
City-St-Zip: NAPLES, FL 34102 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: WILLIAM L. KLOHN

MGR

03/22/2011

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