

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000117602

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** JULIA K SPRINGS M.D., P.L.L.C.

**Current Principal Place of Business:**

6601 S WESTSHORE BLVD  
#3414  
TAMPA, FL 33616

**New Principal Place of Business:**

5705 INTERBAY BLVD  
TAMPA, FL 33611

**Current Mailing Address:**

6601 S WESTSHORE BLVD  
#3414  
TAMPA, FL 33616

**New Mailing Address:**

5705 INTERBAY BLVD  
TAMPA, FL 33611

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

SPRINGS, JULIA K M.D.  
6601 S WESTSHORE BLVD  
3414  
TAMPA, FL 33616 US

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

SPRINGS, JULIA K M.D.  
5705 INTERBAY BLVD  
TAMPA, FL 33611 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: \_\_\_\_\_

02/18/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SPRINGS, JULIA K M.D.  
Address: 5705 INTERBAY BLVD  
City-St-Zip: TAMPA, FL 33611 US

Title: MGRM  
Name: SPRINGS, ERIC S  
Address: 5705 INTERBAY BLVD  
City-St-Zip: TAMPA, FL 33611 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: JULIA K. SPRINGS

DR.

02/18/2011

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