

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000126085

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

**Entity Name:** MICHAEL MARCUM MD, PHD, PLLC

**Current Principal Place of Business:**

800 GOODLETTE RD N, SUITE 270  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

800 GOODLETTE RD N, SUITE 270  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:** 27-4194416

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARCUM, JAMES MICHAEL  
800 GOODLETTE RD N, SUITE 270  
NAPLES, FL 34102 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:** MGRM  
**Name:** DR. JAMES MICHAEL MARCUM  
**Address:** 800 GOODLETTE RD N, SUITE 270  
**City-St-Zip:** NAPLES, FL 34102

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: DR JAMES MICHAEL MARCUM

MGRM

02/06/2011

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