

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000127869

**FILED  
Apr 29, 2011  
Secretary of State**

**Entity Name:** NEEL R. PATEL, M.D., PLC

**Current Principal Place of Business:**

531 SPRING CLUB DR.  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

531 SPRING CLUB DR.  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 27-4270489      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PATEL, NEEL R  
531 SPRING CLUB DR  
ALTAMONTE SPRINGS, FL 32714      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:** PATEL, NEEL R  
**Address:** 531 SPRING CLUB DR  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

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: NEEL R PATEL

MGRM

04/29/2011

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