# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 01, 2012**
**Secretary of State**

DOCUMENT# L11000123161

**Entity Name:** PIER D FRANK M.D., LLC

**Current Principal Place of Business:**

15511 N. FLORIDA AVENUE
SUITE A
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 270652
TAMPA, FL 33688

**New Mailing Address:**

**FEI Number: 59-3578501** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

INTERNATIONAL TAX & COMMERCE ADVISORS, LLC
12025 RIVERHILLS DR.
TAMPA, FL 33617 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: FRANK, PIER D MD
Address: P.O. BOX 270652
City-St-Zip: TAMPA, FL 33688

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 Statues.

SIGNATURE: PIER D. FRANK, M.D. MGR 05/01/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date