

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044855

Entity Name: ROBERT P. ALBERGO, M.D., P.L.

Current Principal Place of Business:

4132 WOODLANDS PKWY
PALM HARBOR, FL 34685

Current Mailing Address:

4132 WOODLANDS PKWY
PALM HARBOR, FL 34685

FEI Number: 20-0369642

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAYHOFF, SKIP
3830 TAMPA RD.
PALM HARBOR, FL 34684 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name ROBERT, ROBERT M.D.
Address 4132 WOODLANDS PKWY
City-State-Zip: PALM HARBOR FL 34685

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT ALBERGO

MGRM

03/19/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date