

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000054466

Entity Name: PETRA GORDON, D.M.D., PLLC

Current Principal Place of Business:

609 LAMAR AVE
BROOKSVILLE, FL 34601

Current Mailing Address:

609 LAMAR AVE
BROOKSVILLE, FL 34601

FEI Number: 20-4979998

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GORDON-LEE, PETRA GDMD
7529 CITRUS BLOSSOM DR.
LAND 'O LAKES, FL 34637 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 MGR
Name GORDON-LEE, PETRA GDMD
Address 7529 CITRUS BLOSSOM DR.
City-State-Zip: LAND 'O LAKES FL 34637

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: PETRA GORDON-LEE

OWNER

04/12/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date