

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000057255

**Entity Name:** LUISA GOMEZ MCELROY, M.D., PL

**Current Principal Place of Business:**

18572 NORTH DALE MABRY HIGHWAY  
LUTZ, FL 33548

**Current Mailing Address:**

18572 NORTH DALE MABRY HIGHWAY  
LUTZ, FL 33548 US

**FEI Number:** 45-5166534

**Certificate of Status Desired:** No

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

WALKER, GARY  
202 S. ROME AVENUE  
SUITE 100  
TAMPA, FL 33606 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 MCELROY, LUISA GM.D.  
Address 18572 NORTH DALE MABRY  
HIGHWAY  
City-State-Zip: LUTZ FL 33548

*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:** LUISA G. MCELROY

M.D./MANAGER

05/01/2013

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date