

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Feb 08, 2012  
Secretary of State**

DOCUMENT# L03000057342

**Entity Name:** STANLEY P. BLAIR D.M.D. LLC

**Current Principal Place of Business:**

3003 LEE BLVD  
LEHIGH ACRES, FL 33971

**New Principal Place of Business:**

3003 LEE BLVD  
LEHIGH ACRES, FL 33971 UN

**Current Mailing Address:**

3003 LEE BLVD  
LEHIGH ACRES, FL 33971

**New Mailing Address:**

FEI Number: 65-0245607      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BLAIR, STANLEY P  
3003 LEE BLVD  
LEHIGH ACRES, FL 33971 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: BLAIR, STANLEY P  
Address: 3003 LEE BLVD  
City-St-Zip: LEHIGH ACRES, FL 33971

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: STANLEY P BLAIR      MGR      02/08/2012

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