

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000075715

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: 12670 CREEKSIDE COMPANY, LLC

**Current Principal Place of Business:**

8350 RIVERWALK PARK BLVD., SUITE 3  
FORT MYERS, FL 33919

**New Principal Place of Business:**

12670 CREEKSIDE LANE  
FORT MYERS, FL 33919

**Current Mailing Address:**

8350 RIVERWALK PARK BLVD., SUITE 3  
FORT MYERS, FL 33919

**New Mailing Address:**

12670 CREEKSIDE LANE  
SUITE 202  
FORT MYERS, FL 33919

FEI Number: 26-0579142

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FARMER, MARK M.D.  
8350 RIVERWALK PARK BLVD., SUITE 3  
FORT MYERS, FL 33919 US

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

FARMER, MARK M.D.  
12670 CREEKSIDE LANE  
SUITE 202  
FORT MYERS, FL 33919 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:

04/25/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FARMER, MARK M.D.  
Address: 8350 RIVERWALK PARK BLVD., SUITE 3  
City-St-Zip: FORT MYERS, FL 33919

Title: MGR ( ) Delete  
Name: MEHALIK, JOHN N M.D.  
Address: 8350 RIVERWALK PARK BLVD., SUITE 3  
City-St-Zip: FORT MYERS, FL 33919

Title: MGR ( ) Delete  
Name: COLLINS, SANDRA B M.D.  
Address: 8350 RIVERWALK PARK BLVD., SUITE 3  
City-St-Zip: FORT MYERS, FL 33919

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FARMER, MARK M.D.  
Address: 12670 CREEKSIDE LANE SUITE 202  
City-St-Zip: FORT MYERS, FL 33919

Title: MGR (X) Change ( ) Addition  
Name: MEHALIK, JOHN N M.D.  
Address: 12670 CREEKSIDE LANE SUITE 202  
City-St-Zip: FORT MYERS, FL 33919

Title: MGR (X) Change ( ) Addition  
Name: COLLINS, SANDRA B M.D.  
Address: 12670 CREEKSIDE LANE SUITE 202  
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARK FARMER MD

MGR

04/25/2008

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