

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000075715

FILED
Feb 21, 2011
Secretary of State

Entity Name: 12670 CREEKSIDE COMPANY, LLC

Current Principal Place of Business:

12670 CREEKSIDE LANE
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

12670 CREEKSIDE LANE
SUITE 202
FORT MYERS, FL 33919

New Mailing Address:

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 E M.D.
12670 CREEKSIDE LANE
SUITE 202
FORT MYERS, FL 33919 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: FARMER, MARK E M.D.
Address: 12670 CREEKSIDE LANE SUITE 202
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM
Name: MEHALIK, JOHN N M.D.
Address: 12670 CREEKSIDE LANE SUITE 202
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM
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 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 MGRM 02/21/2011

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