

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000001654

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** PALM COAST MEDPRO PARTNERS, LLC

**Current Principal Place of Business:**

1010 HIGH HOUSE RD  
SUITE 300  
CARY, NC 27513

**New Principal Place of Business:**

1010 HIGH HOUSE RD  
SUITE 105  
CARY, NC 27513

**Current Mailing Address:**

1010 HIGH HOUSE RD  
SUITE 300  
CARY, NC 27513

**New Mailing Address:**

1010 HIGH HOUSE RD  
SUITE 105  
CARY, NC 27513

**FEI Number:** 26-1484396

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHEMBRI, JENIFER S  
240 S. PINEAPPLE AVE., 10TH FLOOR  
SARASOTA, FL 34236 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: MGR  
Name: OAKS, MAX  
Address: 1010 HIGH HOUSE RD, SUITE 105  
City-St-Zip: CARY, NC 27513

Title: MGR  
Name: ANGUS, KERRY  
Address: 2200 PARK BEND DR, BLDG 1 - #400  
City-St-Zip: AUSTIN, TX 78758

Title: MGR  
Name: BROCK, GREG  
Address: 1010 HIGH HOUSE RD, SUITE 105  
City-St-Zip: CARY, NC 27513

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: MAXWELL M OAKS

MGR

01/09/2012

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