

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000099966

Entity Name: ROBERT D. LOVINGER, M.D. LLC

Current Principal Place of Business:

5072 DULCE COURT
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

5072 DULCE COURT
PALM BEACH GARDENS, FL 33418

FEI Number: 45-3099366

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOVINGER, ROBERT D
5072 DULCE COURT
PALM BEACH GARDENS, FL 33418 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	MGM	Title	MGRM
Name	LOVINGER, ROBERT D	Name	LOVINGER, DEBRA A
Address	5072 DULCE COURT	Address	5072 DULCE COURT
City-State-Zip:	PALM BEACH GARDENS FL 33418	City-State-Zip:	PALM BEACH GARDENS FL 33418

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: ROBERT D. LOVINGER

MGM

01/27/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date