

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000105222

Entity Name: NBO MEDICAL OF FLORIDA, LLC

Current Principal Place of Business:

90 CYPRESS WAY E., #60
NAPLES, FL 34110

Current Mailing Address:

3410 BELL CHASE WAY
SUITE 600
LANSING, MI 48911

FEI Number: 61-1690515

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEWEESE, PAUL MD
90 CYPRESS WAY E., #60
NAPLES, FL 34110 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 MGR
Name PND MICHIGAN HOLDINGS, INC.
Address 3410 BELLE CHASE WAY, SUITE 600
City-State-Zip: LANSING MI 48911

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: PAUL DEWEESE

MEMBER/MANAGER

01/24/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date