

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007971

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** DUNLAWTON MEDICAL ASSOCIATES, LLC

**Current Principal Place of Business:**

790 DUNLAWTON AVE  
SUITE E  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

790 DUNLAWTON AVE.  
SUITE E  
PORT ORANGE, FL 32127

**New Mailing Address:**

790 DUNLAWTON AVE  
SUITE E  
PORT ORANGE, FL 32127

**FEI Number:** 59-3659620

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BILLMEIER, DAVID MD  
790 DUNLAWTON AVE.  
SUITE E  
PORT ORANGE, FL 32127 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: BILLMEIER, DAVID MD  
Address: 790 DUNLAWTON AVE. STE E  
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM  
Name: KENDRICK, MARK MD  
Address: 790 DUNAWTON AVE. STE E  
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM  
Name: BERNANDO, GEORGE MD  
Address: 790 DUNLAWTON AVE. STE E  
City-St-Zip: PORT ORANGE, FL 32127

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: DAVID BILLMEIER, MD

PRES

04/11/2012

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