

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000016116

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

**Entity Name:** PERSONALIZED PHYSICIAN CARE, LLC

**Current Principal Place of Business:**

1890 SOUTHWEST HEALTH PARKWAY  
SUITE 203  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

1890 SOUTHWEST HEALTH PARKWAY  
SUITE 203  
NAPLES, FL 34109

**New Mailing Address:**

**FEI Number:** 59-3689214

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NOVATT, JEFF M ESQ.  
821 FIFTH AVENUE SOUTH  
NAPLES, FL 34102 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:** PERSONALIZED PHYSICIAN CARE, INC.  
**Address:** 1890 SOUTHWEST HEALTH PARKWAY, SUITE 203  
**City-St-Zip:** NAPLES, FL 34109

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: THOMAS W. REED

CEO

06/11/2012

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