

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000001737

Entity Name: MARY L.PEPINE, M.D., PLLC

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

727 SOUTH FL. AVE  
LAKELAND, FL 33801

**New Principal Place of Business:**

**Current Mailing Address:**

727 SOUTH FL. AVE  
LAKELAND, FL 33801

**New Mailing Address:**

FEI Number: 01-0577733

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KALISH, WILLIAM  
401 EAST JACKSON STREET  
SUITE 1700  
TAMPA, FL 33602 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: PEPINE, MARY L M.D.  
Address: 5123 HIGHLANDS LAKEVIEW LOOP  
City-St-Zip: LAKELAND, FL 33812

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: MARY PEPINE

MD

01/04/2012

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