

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026528

FILED
Jan 10, 2012
Secretary of State

Entity Name: C. LAWRENCE SLADE, M.D., F.A.C.S., L.L.C.

Current Principal Place of Business:

3635 CLYDE MORRIS BLVD
SUITE 400
PORT ORANGE, FL 32129 US

New Principal Place of Business:

Current Mailing Address:

3635 CLYDE MORRIS BLVD
SUITE 400
PORT ORANGE, FL 32129 US

New Mailing Address:

FEI Number: 71-0908976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLADE, C. LAWRENCE
3635 CLYDE MORRIS BLVD #400
PORT ORANGE, FL 32129 US

Name and Address of New Registered Agent:

SLADE, C LAWRENCE MD
3635 S CLYDE MORRIS BLVD
400
PORT ORANGE, FL FL 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: C LAWRENCE SLADE MD

01/10/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: MURPHY, SUSAN M
Address: 3635 CLYDE MORRIS BLVD #400
City-St-Zip: PORT ORANGE, FL 32129 US

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: SUSAN M MURPHY

MGR

01/10/2012

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