2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2012
Secretary of State

DOCUMENT# L02000028045

Entity Name: DAVID W. MAXWELL, D.M.D., P.L.

Current Principal Place of Business:

4 PEARL DRIVE
SUITE 3
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

4 PEARL DRIVE
SUITE 3
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 04-3721044 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHYSICIANS RESOURCE LLC
200 E. GRANADA BLVD
SUITE 304
ORMOND BEACH, FL 32176 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: MAXWELL, DAVID W D.M.D.
Address: 115 ARLINGTON WAY
City-St-Zip: ORMOND BEACH, FL 32176

Title: MGR
Name: MAXWELL, LORI J MRS.
Address: 115 ARLINGTON WAY
City-St-Zip: ORMOND BEACH, FL 32176

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 Statues.

SIGNATURE: LORI J. MAXWELL MGR 01/06/2012

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