

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000031614

Entity Name: ACADEMY MEDICAL, L.L.C.

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

**Current Principal Place of Business:**

3519 SW 86TH ST  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

3519 SW 86TH ST  
GAINESVILLE, FL 32608

**New Mailing Address:**

FEI Number: 04-3724072

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PAPA, PATRICK J  
3519 SW 86TH ST.  
GAINESVILLE, FL 32608 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: PAPA, PATRICK J  
Address: 3519 SW 86TH ST.  
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM  
Name: SHAW, DANIEL M  
Address: 2536 S.W. 77TH STREET  
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM  
Name: PEDDIE, BRIAN E DR.  
Address: 405 NE 4TH AVE  
City-St-Zip: GAINESVILLE, FL 32601

Title: MGRM  
Name: DRESSER, EDWARD D  
Address: 275 MURCIA DRIVE  
City-St-Zip: JUPITER, FL 33458

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: PATRICK PAPA

MGRM

01/04/2012

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