

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021464

FILED
Jan 03, 2012
Secretary of State

Entity Name: THE MEMORY DOCTOR, LLC

Current Principal Place of Business:

221 N. HWY 27
SUITE G
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

221 N. HWY 27
SUITE G
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 32-0080992 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MASON, DOUGLAS J
585 SUMMERWOOD DRIVE
CLERMONT, FL 34711 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: MASON, DOUGLAS J PSYD
Address: 585 SUMMERWOOD DRIVE
City-St-Zip: CLERMONT, FL 34711

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: DOUGLAS J MASON MGRM 01/03/2012

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