

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028934

FILED  
Mar 06, 2012  
Secretary of State

**Entity Name:** MAXFIELD MEDICAL BUILDING, LLC

**Current Principal Place of Business:**

1229 S TAMIAMI TRAIL  
SARASOTA, FL 34239 US

**New Principal Place of Business:**

**Current Mailing Address:**

1229 S TAMIAMI TRAIL  
SARASOTA, FL 34239 US

**New Mailing Address:**

**FEI Number:** 65-1200547

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MESHAD, JOHN W  
1229 S TAMIAMI TRAIL  
SARASOTA, FL 34239 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:** MGR  
**Name:** MESHAD, JOHN W  
**Address:** 1229 S TAMIAMI TRAIL  
**City-St-Zip:** SARASOTA, FL 34239

**Title:** VP  
**Name:** MESHAD, ELAINE B  
**Address:** 1229 S TAMIAMI TRAIL  
**City-St-Zip:** SARASOTA, FL 34239

**Title:** SEC  
**Name:** MESHAD, ELAINE M  
**Address:** 1229 S TAMIAMI TRAIL  
**City-St-Zip:** SARASOTA, FL 34239

**Title:** TR  
**Name:** MESHAD, ELAINE B  
**Address:** 1229 S TAMIAMI TRAIL  
**City-St-Zip:** SARASOTA, FL 34239

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:** JOHN W MESHAD

MGR

03/06/2012

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