

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000008220

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** GEORGE C. REES, M.D., PLLC

**Current Principal Place of Business:**

1717 NORTH E ST  
SUITE 205  
PENSACOLA, FL 32501

**New Principal Place of Business:**

**Current Mailing Address:**

1717 NORTH E ST  
SUITE 205  
PENSACOLA, FL 32501

**New Mailing Address:**

**FEI Number:** 59-3492671

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REES, GEORGE C M.D.  
1717 NORTH E. ST  
SUITE 205  
PENSACOLA, FL 32501 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:** PST  
**Name:** REES, GEORGE C M.D.  
**Address:** 1717 NORTH E ST #205  
**City-St-Zip:** PENSACOLA, FL 32501

**Title:** VP  
**Name:** ZHANG, MING MD  
**Address:** 1717 NORTH E ST  
**City-St-Zip:** PENSACOLA, FL 32501

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:** GEORGE REES, M.D.

PST

01/05/2012

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