

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000014579

Entity Name: FINKININNEY, L.L.C.

**FILED**  
**Feb 21, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

10225 ULMERTON RD  
1B  
LARGO, FL 33771

**New Principal Place of Business:**

10225 ULMERTON RD  
1B  
LARGO, FL 33771 UN

**Current Mailing Address:**

10225 ULMERTON RD.  
1B  
LARGO, FL 33771

**New Mailing Address:**

FEI Number: 56-2447913      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GASSMAN, ALAN S  
1245 COURT STREET, SUITE 102  
CLEARWATER, FL 33756 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: MRG  
Name: OUR FAMILY DOCTORS, P.L.L.C.  
Address: 10225 ULMERTON RD., SUITE 1B  
City-St-Zip: LARGO, FL 33771 US

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: LINDA KINNEY

MGR

02/21/2012

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