

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086405

FILED  
Feb 16, 2011  
Secretary of State

Entity Name: SAFE LANE, LLC

**Current Principal Place of Business:**

1555 INDIAN RIVER BLVD.  
B120  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

1555 INDIAN RIVER BLVD.  
B120  
VERO BEACH, FL 32960

**New Mailing Address:**

FEI Number: 20-1997784

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TAYLOR, J. ATWOOD III  
5070 N. HIGHWAY A-1-A STE. 200  
VERO BEACH, FL 32963 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: WOLF, GEOFFREY B M.D.  
Address: 1555 INDIAN RIVER BLVD B120  
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM  
Name: FEGERT, VIRGINIA E M.D.  
Address: 1555 INDIAN RIVER BLVD B120  
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM  
Name: MONUSZKO, EILEEN  
Address: 1555 INDIAN RIVER BLVD. B120  
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM  
Name: RICHARDSON, M.L. III MD  
Address: 1555 INDIAN RIVER BLVD. B120  
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM  
Name: KLEOPOULOS, NIKITAS M.D.  
Address: 1555 INDIAN RIVER BLVD. B120  
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM  
Name: PORTELL, DONALD J D.O.  
Address: 1555 INDIAN RIVER BLVD. B120  
City-St-Zip: VERO BEACH, FL 32960

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: GEOFFREY B. WOLF, M.D.

MGRM

02/16/2011

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