2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086405

Entity Name: SAFE LANE, LLC

FILED Feb 28, 2012 Secretary of State

New Principal Place of Business: Current Principal Place of Business:

1555 INDIAN RIVER BLVD. B120

VERO BEACH, FL 32960

Current Mailing Address: New Mailing Address:

1555 INDIAN RIVER BLVD. B120 VERO BEACH, FL 32960

FEI Number: 20-1997784 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

TAYLOR, J. ATWOOD III TAYLOR, J. ATWOOD III 2101 INDIAN RIVER BOULEVARD 5070 N. HIGHWAY A-1-A STE. 200 VERO BEACH, FL 32963 SUITE 200 VERO BEACH, FL 32960 US

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:

02/28/2012 Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGRM

WOLF, GEOFFREY B.M.D. Name: 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

MONUSZKO, EILEEN Name:

1555 INDIAN RIVER BLVD. B120 Address: City-St-Zip: VERO BEACH, FL 32960

Title: MGRM

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

Title: MGRM

WHEELEY, MARTHA L M.D. Name: 1555 INDIAN RIVER BLVD. B120 Address: City-St-Zip: VERO BEACH, FL 32960

Title:

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

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 Statues.

SIGNATURE: GEOFFREY B. WOLF, M.D. **MGRM** 02/28/2012

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