

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000024398

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** LIFETIME FAMILY MEDICINE, LLC

**Current Principal Place of Business:**

2901 CORAL HILLS DRIVE  
SUITE 150  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

9750 NW 33RD STREET  
SUITE 220  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

4300 NW 81 TERR  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

**FEI Number:** 20-2493959

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, MARLENE H M.D.  
4300 NW 81 TERR  
CORAL SPRINGS, FL 33065 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: DR.  
Name: SMITH, MARLENE H M.D.  
Address: 4300 NW 81 TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33065

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: MARLENE H SMITH

DR

04/17/2012

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