

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000024802

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** MIDPOINT MEDICAL MOB, LLC

**Current Principal Place of Business:**

240 1ST AVE S  
SUITE 400  
ST PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

240 1ST AVE S  
SUITE 400  
ST PETERSBURG, FL 33701

**New Mailing Address:**

**FEI Number:** 20-4676385      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** MARSTON, R. PATRICK  
**Address:** 240 1ST AVE S, SUITE 400  
**City-St-Zip:** ST PETERSBURG, FL 33701

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: KIM DUNLAY      MGR      04/27/2011

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