

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083100

FILED  
Jan 09, 2011  
Secretary of State

**Entity Name:** MARHOLIN MEDICAL INSTITUTE, LLC

**Current Principal Place of Business:**

540 LECANTO HIGHWAY  
LECANTO, FL 34461 US

**New Principal Place of Business:**

2257 COBBS FORD ROAD  
SUITE E  
PRATTVILLE, AL 36067 US

**Current Mailing Address:**

6252 COMMERCIAL WAY  
#301  
BROOKSVILLE, FL 34613 US

**New Mailing Address:**

4327 SOUTH HIGHWAY 27  
CLERMONT, FL 34711 US

**FEI Number:** 20-3397401

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MARHOLIN, MAURICE D  
6252 COMMERCIAL WAY  
#301  
BROOKSVILLE, FL 34613 US

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

MARHOLIN, MAURICE D  
5507 TAYLOR ROAD  
LUTZ, FL 33558 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:

01/09/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MARHOLIN, MAURICE D  
Address: 5507 TAYLOR ROAD  
City-St-Zip: LUTZ, FL 33558 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: MAURICE MARHOLIN

MGR

01/09/2011

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