

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000094037

Entity Name: S & P OF NORTH FLORIDA, LLC

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

345 MIRACLE STRIP PARKWAY SW  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

345 MIRACLE STRIP PARKWAY SW  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

FEI Number: 20-3569517

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PITELL, LISA Y  
4400 E. HIGHWAY 20, SUITE 211  
NICEVILLE, FL 32578 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: PAULZAK, GARY M  
Address: 171 ELDRIDGE ROAD  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRM  
Name: SIEGEL, ROBERT  
Address: 345 MIRACLE STRIP PARKWAY SW  
City-St-Zip: FORT WALTON BEACH, FL 32548

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: ROBERT V. SIEGEL M.D.

OWNE

04/30/2012

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