

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000115012

**FILED**  
**Mar 09, 2012**  
**Secretary of State**

**Entity Name:** SANFORD MEDICAL BUILDING LLC

**Current Principal Place of Business:**

1200 LEXINGTON GREEN LANE  
SANFORD, FL 32771 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 101329  
CAPE CORAL, FL 33910 US

**New Mailing Address:**

**FEI Number:** 20-3872508

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TRACEY, MARK F  
1641 S.E. 39TH TERRACE  
CAPE CORAL, FL 33904 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:** GUERRINA, JOHN  
**Address:** 1200 LEXINGTON GREEN LANE  
**City-St-Zip:** SANFORD, FL 32771 US

**Title:** MGRM  
**Name:** TRACEY, MARK  
**Address:** 1641 S.E. 39TH TERRACE  
**City-St-Zip:** CAPE CORAL, FL 33904

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:** MARK F TRACEY

MMG

03/09/2012

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