

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000121476

**FILED**  
**Jan 16, 2012**  
**Secretary of State**

**Entity Name:** DR CAMEJO PRIMARY CARE & WALKIN CLINIC LLC

**Current Principal Place of Business:**

7015 NORTH ARMENIA AVE  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

917 RIDGE HAVEN DR  
BRANDON, FL 33511

**New Mailing Address:**

7015 NORTH ARMENIA AVE  
TAMPA, FL 33604

**FEI Number:** 20-3972177

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMEJO, LEONEL  
7015 NORTH ARMENIA AVE  
TAMPA, FL 33604 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: CAMEJO, LEONEL  
Address: 7015 N ARMENIA AVE  
City-St-Zip: TAMPA, FL 33604

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: ROBERTO CAMEJO

GM

01/16/2012

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