

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000018026

**FILED**  
**Mar 02, 2012**  
**Secretary of State**

**Entity Name:** JM FAMILY MEDICAL WALK-IN CLINIC, LLC

**Current Principal Place of Business:**

154 LOOKOUT POINT DRIVE  
OSPREY, FL 34229

**New Principal Place of Business:**

6813 SOUTH TAMIAMI TRAIL  
SARASOTA, FL 34231

**Current Mailing Address:**

154 LOOKOUT POINT DRIVE  
OSPREY, FL 34229

**New Mailing Address:**

6813 SOUTH TAMIAMI TRAIL  
SARASOTA, FL 34231

**FEI Number:** 20-4374008

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MEYER, JOHN W JR  
6813 SOUTH TAMIAMI TRAIL  
SARASOTA, FL 34231 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:** MEYER, JOHN W JR  
**Address:** 6813 SOUTH TAMIAMI TRAIL  
**City-St-Zip:** SARASOTA, FL 34231

**Title:** MGRM  
**Name:** MEYER, JOHN  
**Address:** 6813 SOUTH TAMIAMI TRAIL  
**City-St-Zip:** SARASOTA, FL 34231

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:** JOHN W. MEYER JR., M.D.

MGRM

03/02/2012

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