

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025831

**FILED**  
**Feb 24, 2011**  
**Secretary of State**

**Entity Name:** METROPOLITAN 610612 PRACTICE LLC

**Current Principal Place of Business:**

820 PRUDENTIAL DRIVE, SUITE 606  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

3245 SW 34TH ST.  
OCALA, FL 34474

**Current Mailing Address:**

820 PRUDENTIAL DRIVE, SUITE 606  
JACKSONVILLE, FL 32207

**New Mailing Address:**

3245 SW 34TH ST.  
OCALA, FL 34474

**FEI Number:** 20-4561174

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHROEDER, WILLIAM C  
820 PRUDENTIAL DRIVE  
SUITE 606  
JACKSONVILLE, FL 32207 US

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

DIXON, CHERYL MD  
3245 SW 34TH ST.  
OCALA, FL 34474 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: CHERYL DIXON

02/24/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WOESTE, JOHN T  
Address: 13866 WHITE HERON PLACE  
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM  
Name: JIMENEZ, J. FRANCISCO  
Address: 116 SEVEN IRON COURT  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM  
Name: DIXON, CHERYL L  
Address: 144 SEA ISLAND DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: CHERYL DIXON

P

02/24/2011

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