

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000052513

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** WEST POINT MEDICAL GROUP, LC

**Current Principal Place of Business:**

1317 WEST POINT DRIVE  
COCOA, FL 32922

**New Principal Place of Business:**

**Current Mailing Address:**

1317 WEST POINT DRIVE  
COCOA, FL 32922

**New Mailing Address:**

**FEI Number:** 86-1165096

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEST POINT MEDICAL  
1317 WEST POINT DRIVE  
COCOA, FL 32922 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: WEST POINT MEDICAL GROUP  
Address: 1317 WEST POINT DRIVE  
City-St-Zip: COCOA, FL 32922 US

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 PINKOWSKI

DR.

04/26/2012

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