

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000074398

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** THE ENDOCRINE CENTER OF FLORIDA, LLC

**Current Principal Place of Business:**

HIGHLAND LAKES MEDICAL CENTER  
34041 U.S. HIGHWAY 19 NORTH, STE. C  
PALM HARBOR, FL 34684 US

**New Principal Place of Business:**

**Current Mailing Address:**

HIGHLAND LAKES MEDICAL CENTER  
34041 U.S. HIGHWAY 19 NORTH, STE. C  
PALM HARBOR, FL 34684 US

**New Mailing Address:**

**FEI Number:** 20-5257076

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DRUCKER, JERRY M.D.  
HIGHLAND LAKES MEDICAL CENTER  
34041 U.S. HIGHWAY 19 NORTH, STE. C  
PALM HARBOR, FL 34684 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:** DRUCKER, JERRY M.D.  
**Address:** 34041 US HIGHWAY 19 NORTH, STE. C  
**City-St-Zip:** PALM HARBOR, FL 34684 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:** JERRY DRUCKER, M.D.

MGR

04/17/2012

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