

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000075319

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Entity Name:** DR. KINSLER & ASSOCIATES, LLC

**Current Principal Place of Business:**

3262 COVE BEND DRIVE  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 272374  
TAMPA, FL 33688

**New Mailing Address:**

**FEI Number:** 75-3220714

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KINSLER, KIMBERLY L  
11229 ELMFIELD DRIVE  
TAMPA, FL 33625 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:** MGR  
**Name:** KINSLER, KIMBERLY L  
**Address:** 11229 ELMFIELD DRIVE  
**City-St-Zip:** TAMPA, FL 33625

**Title:** MGR  
**Name:** KINSLER, MARVIN T  
**Address:** 11229 ELMFIELD DRIVE  
**City-St-Zip:** TAMPA, FL 33625

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:** KIMBERLY KINSLER

MGR

04/20/2012

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