

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087001

FILED
Apr 12, 2011
Secretary of State

Entity Name: THE ANCHOR CLINIC LLC

Current Principal Place of Business:

229 SOUTH BAYLEN STREET STE 2
PENSACOLA, FL 32502

New Principal Place of Business:

890 S PALAFOX STREET
SUITE 300
PENSACOLA, FL 32502

Current Mailing Address:

229 SOUTH BAYLEN STREET STE 2
PENSACOLA, FL 32502

New Mailing Address:

890 S PALAFOX STREET
SUITE 300
PENSACOLA, FL 32502

FEI Number: 37-1528563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROOM, KEVIN N
229 SOUTH BAYLEN STREET
SUITE 2
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

GROOM, KEVIN N
890 S PALAFOX STREET
SUITE 300
PENSACOLA, FL 32502 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: KEVIN N GROOM

04/12/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES
Name: GROOM, KEVIN N
Address: 890 S PALAFOX STREET, SUITE 300
City-St-Zip: PENSACOLA, FL 32502

Title: VP
Name: FRASER, DOUGLAS H
Address: 890 S PALAFOX STREET, SUITE 300
City-St-Zip: PENSACOLA, FL 32502

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: MELISSA PACK

MANA

04/12/2011

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