

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000095294

**FILED**  
**Feb 23, 2012**  
**Secretary of State**

**Entity Name:** MEDICAL DEVELOPERS, LLC

**Current Principal Place of Business:**

2270 COLONIAL BOULEVARD  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: TAX DEPARTMENT  
2270 COLONIAL BOULEVARD  
FORT MYERS, FL 33907

**New Mailing Address:**

2270 COLONIAL BOULEVARD  
FORT MYERS, FL 33907

**FEI Number:** 20-5891261

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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:** DOSORETZ, DANIEL E M.D.  
**Address:** 2270 COLONIAL BOULEVARD  
**City-St-Zip:** FORT MYERS, FL 33907

**Title:** T  
**Name:** HUMBLE, J. D  
**Address:** 2270 COLONIAL BLVD.  
**City-St-Zip:** FORT MYERS, FL 33907

**Title:** MGR  
**Name:** CAREY, BRIAN J  
**Address:** 2270 COLONIAL BOULEVARD  
**City-St-Zip:** FORT MYERS, FL 33907

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:** J. D. HUMBLE

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02/23/2012

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