

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000001675

Entity Name: MAXWELL MEDICAL, P.L.L.C.

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4020 U.S. HWY 27 NORTH  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

4020 U.S. HWY 27 NORTH  
SEBRING, FL 33870

**New Mailing Address:**

FEI Number: 65-0554388

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MERRITT, JACK W  
1800 2ND STREET, STE. 780  
SARASOTA, FL 34236 US

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

MERRITT, JACK W  
5550 BEE RIDGE ROAD  
SUITE 3  
SARASOTA, FL 34233 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:

02/07/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MAXWELL, MARVIN M.D.  
Address: 4020 U.S. HWY 27 NORTH  
City-St-Zip: SEBRING, FL 33870

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: MARVIN MAXWELL

MGRM

02/07/2012

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