

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000030493

**FILED**  
**Mar 27, 2012**  
**Secretary of State**

**Entity Name:** ST. JOHNS MEDICAL PARK, LLC

**Current Principal Place of Business:**

124 INLET DRIVE  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

124 INLET DRIVE  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

THOUSAND, ROBERT R JR, DDS  
124 INLET DRIVE  
ST. AUGUSTINE, FL 32080 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:** THOUSAND, ROBERT R JR, DDS  
**Address:** 124 INLET DR.  
**City-St-Zip:** ST. AUGUSTINE, FL 32080

**Title:** MGR  
**Name:** GLENOS, WILLIAM JAMES DR/  
**Address:** 107 INLET DR.  
**City-St-Zip:** ST. AUGUSTINE, FL 32080

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:** ROBERT R THOUSAND JR., DDS

MGR

03/27/2012

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