

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000044104

**Entity Name:** MICHAEL P. CURRISTON, M.D., LLC

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

232 WINDWARD WAY  
NICEVILLE, FL 32578

**New Principal Place of Business:**

1705 NARROW CREEK COVE  
NICEVILLE, FL 32578

**Current Mailing Address:**

232 WINDWARD WAY  
NICEVILLE, FL 32578

**New Mailing Address:**

1705 NARROW CREEK COVE  
NICEVILLE, FL 32578

**FEI Number:** 20-8915868

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PITELL, LISA Y  
4400 E. HIGHWAY 20, SUITE 206  
NICEVILLE, FL 32578 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: CURRISTON, MICHAEL P  
Address: 1705 NARROW CREEK COVE  
City-St-Zip: NICEVILLE, FL 32578

Title: MGR  
Name: CURRISTON, EILEEN H  
Address: 1705 NARROW CREEK COVE  
City-St-Zip: NICEVILLE, FL 32578

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: MICHAEL P. CURRISTON

MGR

04/22/2012

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