

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000049050

**FILED**  
**Jan 30, 2011**  
**Secretary of State**

**Entity Name:** MEDICAL INFORMATION BANK, LLC

**Current Principal Place of Business:**

3783 BENEVA OAKS BLVD  
SARASOTA, FL 34238

**New Principal Place of Business:**

**Current Mailing Address:**

3783 BENEVA OAKS BLVD  
SARASOTA, FL 34238

**New Mailing Address:**

**FEI Number:** 26-1817591

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HANAN, BENJAMIN R  
240 SOUTH PINEAPPLE AVE., 10TH FLOOR  
SARASOTA, FL 34236 US

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

STEIN, DANIEL P MD  
3783 BENEVA OAKS BLVD  
SARASOTA, FL 34238 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:** DANIEL P STEIN

01/30/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** STEIN, DANIEL P  
**Address:** 3783 BENEVA OAKS BLVD  
**City-St-Zip:** SARASOTA, FL 34238

**Title:** MGR  
**Name:** HANAN, BENJAMIN R  
**Address:** 3783 BENEVA OAKS BLVD  
**City-St-Zip:** SARASOTA, FL 34238

**Title:** MGR  
**Name:** LOCKWOOD, JACOB  
**Address:** 3783 BENEVA OAKS BLVD  
**City-St-Zip:** SARASOTA, FL 34238

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:** DANIEL P STEIN

MGR

01/30/2011

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