

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000054954

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

**Entity Name:** WILLIAM C. GOROSPE, M.D., PH.D., P.L.

**Current Principal Place of Business:**

2520 BUTTONWOOD DRIVE  
JACKSONVILLE, FL 32216 US

**New Principal Place of Business:**

**Current Mailing Address:**

2520 BUTTONWOOD DRIVE  
JACKSONVILLE, FL 32216 US

**New Mailing Address:**

**FEI Number:** 26-0229265

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GIBBS, MICHELE L  
3599 UNIVERSITY BLVD. S.  
BLDG. 500, STE. 504  
JACKSONVILLE, FL 32216 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:** MGRM  
**Name:** GOROSPE, WILLIAM C  
**Address:** 2520 BUTTONWOOD DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32216 US

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:** WILLIAM C. GOROSPE

M.D.

03/13/2012

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