

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000058433

**FILED**  
**Jun 06, 2012**  
**Secretary of State**

**Entity Name:** ORMOND MEDICAL ARTS-PHARMACEUTICAL RESEARCH CENTER, LLC

**Current Principal Place of Business:**

77 WEST GRANADA BLVD.  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

77 WEST GRANADA BLVD.  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:** 26-0311283

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHOEMAKER, JAMES R  
77 W GRANADA BLVD  
ORMOND BEACH, FL 32174 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: SHOEMAKER, JAMES R  
Address: 77 WEST GRANADA BLVD.  
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGR  
Name: MARSDEN, KIM  
Address: 77 W GRANADA BLVD  
City-St-Zip: ORMOND BEACH, FL 32174

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: JAMES R SHOEMAKER

MGR

06/06/2012

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