

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000059411

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** CATHRYN POWERS MD, LLC

**Current Principal Place of Business:**

6191 MESSINA LANE  
206  
COCOA BEACH, FL 32931 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 321327  
COCOA BEACH, FL 32932 US

**New Mailing Address:**

**FEI Number:** 26-0308843      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

POWERS, CATHRYN MD  
6191 MESSINA LANE  
206  
COCOA BEACH, FL 32931 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:** POWERS, CATHRYN MD  
**Address:** PO BOX 321327  
**City-St-Zip:** COCOA BEACH, FL 32932 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: CATHRYN POWERS MD

MGRM

04/10/2012

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