

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000061765

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** GI ASSOCIATES OF TALLHASSEE, P.L.

**Current Principal Place of Business:**

2457 CARE DRIVE, SUITE D-100  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

7054 HEARTLAND CIRCLE  
TALLAHASSEE, FL 323127559 US

**New Mailing Address:**

**FEI Number:** 26-0356616

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PIERCE, ROBERT A  
123 SOUTH CALHOUN  
TALLAHASSEE, FL 323011517 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:** LEICHUS, LEONARD S  
**Address:** 7054 HEARTLAND CIRCLE  
**City-St-Zip:** TALLAHASSEE, FL 323127559 US

**Title:** MGR  
**Name:** LEICHUS, BETTY N  
**Address:** 7054 HEARTLAND CIRCLE  
**City-St-Zip:** TALLAHASSEE, FL 323127559 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:** LEONARD S LEICHUS

MGRM

01/04/2012

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