

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000072031

**FILED**  
**Feb 22, 2012**  
**Secretary of State**

**Entity Name:** EXECUTIVE MEDICAL ASSOCIATES, LLC

**Current Principal Place of Business:**

2337 SW ARCHER ROAD  
2061  
GAINESVILLE, FL 32608 US

**New Principal Place of Business:**

417 NW 48TH BLVD  
GAINESVILLE, FL 32607 US

**Current Mailing Address:**

2337 SW ARCHER ROAD  
2061  
GAINESVILLE, FL 32608 US

**New Mailing Address:**

417 NW 48TH BLVD  
GAINESVILLE, FL 32607 US

**FEI Number:** 20-0508421

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOLTZMAN, LIAM C  
2337 SW ARCHER ROAD  
2061  
GAINESVILLE, FL 32608 US

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

HOLTZMAN, LIAM C  
417 NW 48TH BLVD  
GAINESVILLE, FL 32607 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: LIAM C. HOLTZMAN, DO

02/22/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HOLTZMAN, LIAM C  
Address: 417 NW 48TH BLVD  
City-St-Zip: GAINESVILLE, FL 32607 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: LIAM C. HOLTZMAN, DO

MGRM

02/22/2012

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