

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000075715

FILED
Apr 25, 2008
Secretary of State

Entity Name: 12670 CREEKSIDE COMPANY, LLC

Current Principal Place of Business:

8350 RIVERWALK PARK BLVD., SUITE 3
FORT MYERS, FL 33919

New Principal Place of Business:

12670 CREEKSIDE LANE
FORT MYERS, FL 33919

Current Mailing Address:

8350 RIVERWALK PARK BLVD., SUITE 3
FORT MYERS, FL 33919

New Mailing Address:

12670 CREEKSIDE LANE
SUITE 202
FORT MYERS, FL 33919

FEI Number: 26-0579142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARMER, MARK M.D.
8350 RIVERWALK PARK BLVD., SUITE 3
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

FARMER, MARK M.D.
12670 CREEKSIDE LANE
SUITE 202
FORT MYERS, FL 33919 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:

04/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FARMER, MARK M.D.
Address: 8350 RIVERWALK PARK BLVD., SUITE 3
City-St-Zip: FORT MYERS, FL 33919

Title: MGR () Delete
Name: MEHALIK, JOHN N M.D.
Address: 8350 RIVERWALK PARK BLVD., SUITE 3
City-St-Zip: FORT MYERS, FL 33919

Title: MGR () Delete
Name: COLLINS, SANDRA B M.D.
Address: 8350 RIVERWALK PARK BLVD., SUITE 3
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FARMER, MARK M.D.
Address: 12670 CREEKSIDE LANE SUITE 202
City-St-Zip: FORT MYERS, FL 33919

Title: MGR (X) Change () Addition
Name: MEHALIK, JOHN N M.D.
Address: 12670 CREEKSIDE LANE SUITE 202
City-St-Zip: FORT MYERS, FL 33919

Title: MGR (X) Change () Addition
Name: COLLINS, SANDRA B M.D.
Address: 12670 CREEKSIDE LANE SUITE 202
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARK FARMER MD

MGR

04/25/2008

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