

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000075715

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: 12670 CREEKSIDE COMPANY, LLC

**Current Principal Place of Business:**

12670 CREEKSIDE LANE  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

12670 CREEKSIDE LANE  
SUITE 202  
FORT MYERS, FL 33919

**New Mailing Address:**

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.  
12670 CREEKSIDE LANE  
SUITE 202  
FORT MYERS, FL 33919 US

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

FARMER, MARK E 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: MARK E FARMER

01/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 E FARMER

MGR

01/20/2009

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