

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000087066

Entity Name: MIDTOWN MEDICAL, LLC

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

1044 NORTH US HIGHWAY ONE  
SUITE 202  
JUPITER, FL 33477 US

## **New Principal Place of Business:**

319 CLEMATIS STREET, STE. 1008  
WEST PALM BEACH, FL 33401 US

## **Current Mailing Address:**

1044 NORTH US HIGHWAY ONE  
SUITE 202  
JUPITER, FL 33477 US

## **New Mailing Address:**

319 CLEMATIS STREET, STE. 1008  
WEST PALM BEACH, FL 33401 US

FEI Number: 26-0810288

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BIANCO, JOHN G III  
C/O TRIPP SCOTT, P.A.  
110 SE 6TH STREET, 15TH FLOOR  
FORT LAUDERDALE, FL 33408 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: MGR  
Name: CASH, DAVID F  
Address: PO BOX 3228  
City-St-Zip: WEST PALM BEACH, FL 33401 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: DAVID CASH

MGR

01/06/2012

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