

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000088181

**FILED**  
**Jan 21, 2012**  
**Secretary of State**

**Entity Name:** WESTON MEDICAL HEALTH CENTER, LLC

**Current Principal Place of Business:**

2237 NORTH COMMERCE PARKWAY, STE 2  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

2237 NORTH COMMERCE PARKWAY, STE 2  
WESTON, FL 33326

**New Mailing Address:**

**FEI Number:** 26-0832046

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AKEL, DANIEL D ESQ  
ONE INDEPENDENT DRIVE, STE 2301  
JACKSONVILLE, FL 32202 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:** SPOONHOUR, DENNIS DR  
**Address:** 2237 NORTH COMMERCE PARKWAY, STE 2  
**City-St-Zip:** WESTON, FL 33326

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: DENNIS SPOONHOUR

MGR

01/21/2012

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