

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000104514

**Entity Name:** GOETZ MEDICAL L.L.C.

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1407 ARTHUR STREET  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

1407 ARTHUR STREET  
ORLANDO, FL 32804

**New Mailing Address:**

**FEI Number:** 26-1271790

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOETZ, PETER F  
1407 ARTHUR STREET  
ORLANDO, FL 32804 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:** GOETZ, PETER F  
**Address:** 1407 ARTHUR STREET  
**City-St-Zip:** ORLANDO, FL 32804

**Title:** DIR  
**Name:** MILNE-GOETZ, RAE  
**Address:** 1407 ARTHUR ST  
**City-St-Zip:** ORLANDO, FL 32804 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:** PETER F. GOETZ

MGR

02/08/2012

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