

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000106316

Entity Name: VISIONARY GYNECOLOGY, PL

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

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

2695 ULMERTON RD  
CLEARWATER, FL 33762

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

2695 ULMERTON RD  
CLEARWATER, FL 33762 UN

## **Current Mailing Address:**

2840 WEST BAY DRIVE  
#128  
BELLEAIR BLUFFS, FL 33770

## **New Mailing Address:**

FEI Number: 26-1316268      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WALDER, LYNNE ESQ.  
777 S. HARBOR ISLAND BLVD., SUITE 190  
TAMPA, FL 33602 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: MGRM  
Name: HAYES, JENNIFER S D.O.  
Address: 2840 WEST BAY DRIVE #128  
City-St-Zip: BELLEAIR BLUFFS, FL 33770

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: JENNIFER HAYES

MGR

01/11/2012

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