

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122238

FILED
Jan 04, 2012
Secretary of State

Entity Name: JOSE AUGUSTINE, M.D., P.L.

Current Principal Place of Business:

5795 SUMMIT VIEW DRIVE
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

5795 SUMMIT VIEW DRIVE
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AUGUSTINE, JOSE M.D.
5795 SUMMIT VIEW DRIVE
BROOKSVILLE, FL 34601 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: DR
Name: AUGUSTINE, JOSE M.D.
Address: 5795 SUMMIT VIEW DRIVE
City-St-Zip: BROOKSVILLE, FL 34601 HE

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: JOSE AUGUSTINE

DR.

01/04/2012

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