

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000000905

FILED
Mar 22, 2012
Secretary of State

Entity Name: DOUGLAS CARLAN, M.D., P.L.

Current Principal Place of Business:

5957 BAYVIEW CIRCLE SOUTH
GULFPORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

5957 BAYVIEW CIRCLE SOUTH
GULFPORT, FL 33707

New Mailing Address:

FEI Number: 38-3776034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LECOMPTE, MORRIS A
800 SECOND AVENUE SOUTH, SUITE 380
ST. PETERSBURG, FL 33701 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: CARLAN, DOUGLAS M.D.
Address: 5957 BAYVIEW CIRCLE SOUTH
City-St-Zip: GULFPORT, FL 33707

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: DOUGLAS CARLAN

MGRM

03/22/2012

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