

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000044559

FILED
Feb 21, 2012
Secretary of State

Entity Name: DOCTOR CREDIT BUSINESS PRO, L.L.C.

Current Principal Place of Business:

7948 BAYMEADOWS WAY, SUITE 300
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

7948 BAYMEADOWS WAY, SUITE 300
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 90-0523228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARLTON, EDWARD
7948 BAYMEADOWS WAY, SUITE 300
JACKSONVILLE, FL 32256 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: CARLTON, EDWARD
Address: 7948 BAYMEADOWS WAY, SUITE 300
City-St-Zip: JACKSONVILLE, FL 32256

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: EDWARD CARLTON

MGRM

02/21/2012

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