

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000066167

**Entity Name:** KEITH A. AQUA, M.D., LLC

**FILED**  
**Jan 23, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1395 STATE ROAD 7, SUITE 450  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

1395 STATE ROAD 7, SUITE 450  
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number:** 65-0763214

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRADEN, LISA  
4623 FOREST HILL BLVD., STE. 111  
WEST PALM BEACH, FL 33415 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:** AQUA, KEITH A M.D.  
**Address:** 1395 STATE ROAD 7, SUITE 450  
**City-St-Zip:** WELLINGTON, FL 33414

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: KEITH AQUA

DR

01/23/2012

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