

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 07, 2011
Secretary of State

Entity Name: ENDOCRINE CLINIC OF WEST FLORIDA, LLC

Current Principal Place of Business:

17222 HOSPITAL BLVD
SUITE 226
BROOKSVILLE, FL 34601 US

New Principal Place of Business:

12130 CORTEZ BLVD
BROOKSVILLE, FL 34613 US

Current Mailing Address:

17222 HOSPITAL BLVD
SUITE 226
BROOKSVILLE, FL 34601 US

New Mailing Address:

3069 ANDERSON SNOW RD
#175
SPRING HILL, FL 34609

FEI Number: 26-3524765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVENUE
115
JACKSONVILLE, FL 32204 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: CASTRO, ARTURO MD
Address: 1637 ABYSS
City-St-Zip: ODESSA, FL 33556 US

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: ARTURO CASTRO

MGRM

01/07/2011

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