

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000116723

**FILED**  
**Jan 16, 2011**  
**Secretary of State**

**Entity Name:** MICHEAL B. MINIX, JR. M.D., PLLC

**Current Principal Place of Business:**

802 BUTTON BUSH WAY  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

802 BUTTON BUSH WAY  
NICEVILLE, FL 32578

**New Mailing Address:**

**FEI Number:** 26-4201408

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MINIX, JR., MICHEAL B MD  
802 BUTTON BUSH WAY  
NICEVILLE, FL 32578 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: MINIX, JR., MICHEAL B MD  
Address: 802 BUTTON BUSH WAY  
City-St-Zip: NICEVILLE, FL 32578

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: MICHEAL B. MINIX, JR.

MGRM

01/16/2011

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