

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000003223

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** NORTHWEST FLORIDA DIABETES AND METABOLIC CENTER, LLC

**Current Principal Place of Business:**

4850 AUNT MARY'S LOOP  
CRESTVIEW, FL 32539 US

**New Principal Place of Business:**

4850 AUNT MARYS LOOP  
CRESTVIEW, FL 32539 US

**Current Mailing Address:**

4850 AUNT MARY'S LOOP  
CRESTVIEW, FL 32539 US

**New Mailing Address:**

4850 AUNT MARYS LOOP  
CRESTVIEW, FL 32539 US

**FEI Number:** 45-3644772

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARTIN, ALICE  
490 WHITMAN WAY  
FREEPORT, FL 32439 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: MARTIN, ALICE  
Address: 490 WHITMAN WAY  
City-St-Zip: FREEPORT, FL 32439 US

Title: MGRM  
Name: FLETCHER, PATRICIA  
Address: 4850 AUNT MARYS LOOP  
City-St-Zip: CRESTVIEW, FL 32539 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: PATRICIA FLETCHER

MGRM

04/27/2012

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