

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000039274

FILED  
Mar 16, 2011  
Secretary of State

**Entity Name:** BARBARA A. LUBIN, M.D. LLC

**Current Principal Place of Business:**

4472 BAY POINT RD  
PANAMA CITY, FL 32411

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 27437  
PANAMA CITY, FL 32411

**New Mailing Address:**

P O BOX 27434  
PANAMA CITY, FL 32411

FEI Number: 27-0191235

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LUBIN, BARBARA A  
4472 BAY POINT RD  
PANAMA CITY, FL 32411 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: LUBIN, BARBARA A  
Address: P O BOX 27434  
City-St-Zip: PANAMA CITY, FL 32411

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: BARBARA A LUBIN

MGRM

03/16/2011

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