

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000044099

**Entity Name:** LESTON B. NAY, M.D., LLC

**FILED**  
**Jan 25, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

9424 SW 21 AVENUE  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

9424 SW 21 AVENUE  
GAINESVILLE, FL 32607

**New Mailing Address:**

**FEI Number:** 84-0701481

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NAY, LESTON B M.D.  
9424 SW 21 AVENUE  
GAINESVILLE, FL 32607 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: MGR  
Name: NAY, LESTON B MD  
Address: 9424 SW 21 AVENUE  
City-St-Zip: GAINESVILLE, FL 32607

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: LESTON B. NAY

MGR

01/25/2012

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