

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000055029

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** VENICE MEDICAL PARTNERS LLC

**Current Principal Place of Business:**

401 COMMERCIAL CT.  
SUITE C  
VENICE, FL 34292 FL

**New Principal Place of Business:**

**Current Mailing Address:**

401 COMMERCIAL CT.  
SUITE C  
VENICE, FL 34292 FL

**New Mailing Address:**

**FEI Number:** 27-0314291

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SLOAN, PAUL  
401 COMMERCIAL CT  
SUITE C  
VENICE, FL 34292 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:** SLOAN, PAUL  
**Address:** 401 COMMERCIAL CT  
**City-St-Zip:** VENICE, FL 34292 US

**Title:** MGRM  
**Name:** ASIA LLC  
**Address:** 401 COMMERCIAL CT / SUITE C  
**City-St-Zip:** VENICE, FL 34292 US

**Title:** MGRM  
**Name:** JABRA LLC  
**Address:** 4610 HIDDEN RIVER RD  
**City-St-Zip:** SARASOTA, FL 34240 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:** PAUL SLOAN

MGRM

04/24/2012

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