

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000057775

**FILED**  
**Jan 08, 2012**  
**Secretary of State**

**Entity Name:** HARVEY S. MISHNER M.D., P.L.

**Current Principal Place of Business:**

11505 PALMBRUSH TRAIL  
SUITE 220  
LAKEWOOD RANCH, FL 34202

**New Principal Place of Business:**

**Current Mailing Address:**

11505 PALMBRUSH TRAIL  
SUITE 220  
LAKEWOOD RANCH, FL 34202

**New Mailing Address:**

**FEI Number:** 27-0357722

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MISHNER, HARVEY S M.D.  
11505 PALMBRUSH TRAIL  
SUITE 220  
LAKEWOOD RANCH, FL 34202 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:** MISHNER, HARVEY S M.D.  
**Address:** 11505 PALMBRUSH TRAIL SUITE 220  
**City-St-Zip:** LAKEWOOD RANCH, FL 34202

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:** HARVEY MISHNER

MGR

01/08/2012

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