

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000075742

FILED
Jan 16, 2012
Secretary of State

Entity Name: CARSTENSEN INTERNAL MEDICINE, P.L.L.C.

Current Principal Place of Business:

2505 FLAGLER AVE.
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

2505 FLAGLER AVE.
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 27-0883751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARSTENSEN, JOHN A M.D.
2505 FLAGLER AVE.
KEY WEST, FL 33040 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: CARSTENSEN, JOHN A MD
Address: 3300 RIVIERA DR
City-St-Zip: KEY WEST, FL 33040

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: JOHN CARSTENSEN

MGRM

01/16/2012

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