

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000080242

**FILED**  
**Feb 25, 2011**  
**Secretary of State**

**Entity Name:** PHYSICIANS OF THE REFUGE, LLC

**Current Principal Place of Business:**

14835 SE 85TH ST.  
OCKLAWAHA, FL 32179

**New Principal Place of Business:**

**Current Mailing Address:**

14835 SE 85TH ST.  
OCKLAWAHA, FL 32179 US

**New Mailing Address:**

**FEI Number:** 27-0773131

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ORTIZ, GEORGE  
1515 E SILVER SPRINGS BLVD.  
SUITE 204  
OCALA, FL 34470 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:** THE REFUGE, A HEALING PLACE, LLC  
**Address:** 14835 SE 85TH ST.  
**City-St-Zip:** OCKALAWHA, FL 32179 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:** JUDITH T. CRANE

CEO

02/25/2011

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