

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000082415

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** GABO, LLC

**Current Principal Place of Business:**

4810 NORTH DAVIS HWY  
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

4828 NORTH DAVIS HWY  
PENSACOLA, FL 32503

**New Mailing Address:**

**FEI Number:** 90-0522036

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STACKHOUSE, HARRY B  
125 W ROMANA STREET STE 800  
PENSACOLA, FL 32502 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:** GASSETS LLC  
**Address:** 4810 NORTH DAVIS HWY  
**City-St-Zip:** PENSACOLA, FL 32503

**Title:** DR  
**Name:** SOUED, MOUNZER M.D.  
**Address:** 4810 NORTH DAVIS HWY  
**City-St-Zip:** PENSACOLA, FL 32503

**Title:** DR  
**Name:** HAKIM, FARES S M.D.  
**Address:** 4810 N. DAVIS HWY  
**City-St-Zip:** PENSACOLA, FL 32503

**Title:** DR  
**Name:** REILLY, PATRICK F M.D.  
**Address:** 4810 N. DAVIS HWY  
**City-St-Zip:** PENSACOLA, FL 32503

**Title:** DR  
**Name:** ADKISSON, KENDRAL W M.D.  
**Address:** 4810 N. DAVIS HWY  
**City-St-Zip:** PENSACOLA, FL 32503

**Title:** DR  
**Name:** CARTEE, WAYNE D M.D.  
**Address:** 4810 N. DAVIS HWY  
**City-St-Zip:** PENSACOLA, FL 32503

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:** KIM HALL

AP

01/06/2012

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