2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2012
Secretary of State

DOCUMENT# L09000082784

Entity Name: NEW RIVER MEDICAL GROUP, LLC

Current Principal Place of Business:

800 NE 62ND STR
SUITE 204
FORT LAUDERDALE, FL 33334

New Principal Place of Business:

Current Mailing Address:

800 NE 62ND STR
SUITE 204
FORT LAUDERDALE, FL 33334

New Mailing Address:

FEI Number: 27-0813696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHELTON, WES W WES SHE
800 NE 62ND STREET
SUITE 204
FORT LAUDERDALE, FL 33334 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: SHELTON, WILLIAM W
Address: 800 NE 62ND STR. SUITE 204
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: MGR
Name: SHELTON, STEPHEN H JR.
Address: 800 NE 62ND STR. SUITE 204
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: MGR
Name: SHELTON, STEPHEN H SR.
Address: 800 NE 62ND STR. SUITE 204
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: MGR
Name: NATIONAL COMMUNITY FOUNDATION CHARITABLE T
Address: THIRD FLOOR, 4401 WEST KENNEDY BLVD.
City-St-Zip: TAMPA, FL 33609

Title: MGR
Name: MOON, HARRY K
Address: 800 NE 62ND STR. SUITE 204
City-St-Zip: FORT LAUDERDALE, FL 33334

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 Statues.

SIGNATURE: W. WES SHELTON MGR 04/23/2012

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