

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000097756

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA MEN'S MEDICAL CLINIC, LLC

**Current Principal Place of Business:**

8738 CYPRESS RESERVE CIR  
ORLANDO, FL 32836

**New Principal Place of Business:**

**Current Mailing Address:**

8738 CYPRESS RESERVE CIR  
ORLANDO, FL 32836

**New Mailing Address:**

**FEI Number:** 27-1098842

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CHARLES, JAMES N  
1420 CELEBRATION BLVD  
SUITE 200  
CELEBRATION, FL 34747 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: SCHAFFER, SHANNON  
Address: 8738 CYPRESS RESERVE CIRCLE  
City-St-Zip: ORLANDO, FL 32836

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: SHANNON SCHAFFER

MGRM

04/17/2012

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