

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000112970

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

**Entity Name:** ISLAND DOCTORS INTERSTATE, LLC

**Current Principal Place of Business:**

100 ARRICOLA AVENUE  
ST. AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 ARRICOLA AVENUE  
ST. AUGUSTINE, FL 32080 US

**New Mailing Address:**

**FEI Number:** 27-1523722      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CULVER, DAVE  
100 ARRICOLA AVE  
SAINT AUGUSTINE, FL 32080 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:** ROY H. HINMAN, M.D., P.A.  
**Address:** 100 ARRICOLA AVENUE  
**City-St-Zip:** ST. AUGUSTINE, FL 32080 US

**Title:** MGRM  
**Name:** GLOBILLITY INC.  
**Address:** 2460 OLD MOULTRIE RD, SUITE 3  
**City-St-Zip:** ST. AUGUSTINE, FL 32080

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:** DAVE CULVER

MGR

01/06/2012

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