

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000002974

**FILED**  
**Jan 26, 2012**  
**Secretary of State**

**Entity Name:** DM SURGICAL CONSULTANTS LLC

**Current Principal Place of Business:**

170 SWEETBRIER BRANCH LN  
SAINT JOHNS, FL 32259 US

**New Principal Place of Business:**

**Current Mailing Address:**

170 SWEETBRIER BRANCH LN  
SAINT JOHNS, FL 32259 US

**New Mailing Address:**

**FEI Number:** 27-1588554

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCLAUGHLIN, WILLIAM D  
170 SWEETBRIER BRANCH LN  
SAINT JOHNS, FL 32259 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: MCLAUGHLIN, WILLIAM D  
Address: 170 SWEETBRIER BRANCH LN  
City-St-Zip: SAINT JOHNS, FL 32259 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: DAVID MCLAUGHLIN

MR

01/26/2012

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