

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000022043

FILED
Jan 17, 2012
Secretary of State

Entity Name: FLORIDA TRANSPLANT INSTITUTE PL

Current Principal Place of Business:

3415 WEST TAMPA BAY AVENUE
TAMPA, FL 33611

New Principal Place of Business:

3415 WEST TAMBAY AVENUE
TAMPA, FL 33611

Current Mailing Address:

3415 WEST TAMPA BAY AVENUE
TAMPA, FL 33611

New Mailing Address:

P. O. BOX 172008
TAMPA, FL 33672

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: SHEFFIELD, CEDRIC
Address: 3415 WEST TAMBAY AVENUE
City-St-Zip: TAMPA, FL 33611

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: CEDRIC SHEFFIELD

MGR

01/17/2012

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