

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000027940

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** REGENCY VILLAGE DRIVE MEDICAL CLINIC, LLC

**Current Principal Place of Business:**

12211 REGENCY VILLAGE DRIVE  
SUITE 2  
ORLANDO, FL 32821

**New Principal Place of Business:**

**Current Mailing Address:**

12211 REGENCY VILLAGE DRIVE  
SUITE 2  
ORLANDO, FL 32821

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

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

MARCELLI, CHRISTIAN W  
2180 W. STATE ROAD 434  
SUITE 2118  
LONGWOOD, FL 32779 US

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

ABDEL-AL, SAFAA Z  
12211 REGENCY VILLAGE DRIVE  
SUITE 2  
ORLANDO, FL 32821 US

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: SAFAA ABDEL-AL

01/04/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** SAFAA ZIDAN ABDEL-AL REVOCABLE TRUST  
**Address:** 12211 REGENCY VILLAGE DRIVE  
**City-St-Zip:** SUITE 2, FL 32821 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: SAFAA ABDEL-AL

MGRM

01/04/2012

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