

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000037644

Entity Name: SPRINGSMED LLC

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

28631 NORTH DIESEL DRIVE  
SUITE 102  
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

**Current Mailing Address:**

28631 NORTH DIESEL DRIVE  
SUITE 102  
BONITA SPRINGS, FL 34135 US

**New Mailing Address:**

P.O. BOX 1258  
BONITA SPRINGS, FL 341331258 US

FEI Number: 27-2299200

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHULTZ, HELI  
9031 HARVESTWOOD COURT  
ESTERO, FL 33928 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: SHULTZ, HELI  
Address: 9031 HARVESTWOOD COURT  
City-St-Zip: ESTERO, FL 33928 US

Title: MGRM  
Name: OXX, MICHAELA  
Address: 161 MENTOR DRIVE  
City-St-Zip: NAPLES, FL 34110 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: HELI SHULTZ, J.D.

MGRM

02/16/2011

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