

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000038539

Entity Name: MCCARTHY MEDICAL LLC

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

2016 BAYOU DR.  
NAVARRE, FL 32566

## **New Principal Place of Business:**

5009 MANDAVILLA BLVD  
GULF BREEZE, FL 32563

## **Current Mailing Address:**

2016 BAYOU DR.  
NAVARRE, FL 32566

## **New Mailing Address:**

PO BOX 5087  
NAVARRE, FL 32566

FEI Number: 27-2556823

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUSINESS FILINGS INCORPORATED  
515 E. 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: MGRM  
Name: MCCARTHY, SCOTT  
Address: 5009 MANDAVILLA BLVD  
City-St-Zip: GULF BREEZE, FL 32563

Title: MGRM  
Name: MCCARTHY, AMANDA  
Address: 5009 MANDAVILLA BLVD  
City-St-Zip: GULF BREEZE, FL 32563

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: AMANDA MCCARTHY

MGRM

04/27/2012

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