

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000043263

Entity Name: GSW CLINIC, LLC

**FILED**  
**Jan 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1839 LANE AVE., BLDG 100  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

3728 PHILIPS HWY  
SUITE 13  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

P. O BOX 47125  
JACKSONVILLE, FL 32247

**New Mailing Address:**

FEI Number: 27-2412414

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEBB, GEORGE S M.D.  
1040 HOLLY LANE  
JACKSONVILLE, FL 32207 US

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

WOLFERSBERGER, JOSEPH V M.D.  
2454 HALPERNS WAY  
MIDDLEBURG, FL 32068 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: JOSEPH V. WOLFERSBERGER, M.D.

01/20/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WOLFERSBERGER, JOSEPH V MD  
Address: 2454 HALPERNS WAY  
City-St-Zip: MIDDLEBURG, FL 32068

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: JOSEPH V. WOLFERSBERGER, M.D.

MGRM

01/20/2012

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