

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000054998

FILED
Apr 25, 2012
Secretary of State

Entity Name: MOBILE DOCTOR SERVICES OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

499 E CENTRAL PKWY ST 235
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

1224 SUNSHINE TREE BLVD
LONGWOOD, FL 32779

Current Mailing Address:

499 E CENTRAL PKWY ST 235
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

1224 SUNSHINE TREE BLVD
LONGWOOD, FL 32779

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVY, SETH
948 PATRICK DR.
WEST PALM BEACH, FL 33406 US

Name and Address of New Registered Agent:

CROSSMAN, CATHERINE
1224 SUNSHINE TREE BLVD
LONGWOOD, FL 32779 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: CATHERINE CROSSMAN

04/25/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: CROSSMAN, CATHERINE
Address: 1224 SUNSHINE TREE BLVD
City-St-Zip: LONGWOOD, FL 32779

Title: MGRM
Name: LEVY, SETH
Address: 499 E CENTRAL PKWY #235
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: CATHERINE CROSSMAN

MGR

04/25/2012

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