

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000057565

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** NEW BEGINNINGS MEDICAL OF PALM BEACH GARDENS LLC

**Current Principal Place of Business:**

12300 A1A  
SUITE 112  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

264 PEACOCK BLVD  
SUITE 103  
PORT ST LUCIE, FL 34986

**New Mailing Address:**

575 NW MERCANTILE PLACE  
SUITE 110  
PORT ST LUCIE, FL 34986

**FEI Number:** 27-2753635

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HANSEN, ROBERT T  
264 PEACOCK BLVD  
SUITE 103  
PORT ST LUCIE, FL 34986 US

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

HANSEN, ROBERT T  
575 MERCANTILE PLACE  
SUITE 110  
PORT ST LUCIE, FL 34986 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: ROBERT T HANSEN

04/23/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HANSEN, ROBERT T  
Address: 575 MERCANTILE PLACE, SUITE 110  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: MGRM  
Name: HANSEN, JOLYNN  
Address: 575 MERCANTILE PLACE, SUITE 110  
City-St-Zip: PORT ST LUCIE, FL 34986

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: ROBERT T HANSEN

MGMR

04/23/2012

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