

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000062595

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** JAMES D. CAMPBELL, M.D., LLC

**Current Principal Place of Business:**

2823 STATE ROAD 13  
SWITZERLAND, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

2823 STATE ROAD 13  
SWITZERLAND, FL 32259

**New Mailing Address:**

**FEI Number:** 27-2803369

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUGHES AND WARNER, CPA'S  
4540 SOUTHSIDE BOULEVARD  
601  
JACKSONVILLE, FL 32216 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:** CAMPBELL, JAMES D MD  
**Address:** 2823 STATE ROAD 13  
**City-St-Zip:** SWITZERLAND, FL 32259

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: JAMES D. CAMPBELL

MGRM

01/09/2012

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