

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000073263

Entity Name: 4 CORNERS MEDICAL LLC

FILED
Jan 09, 2012
Secretary of State

Current Principal Place of Business:

3420 W TAMBAY AVE
TAMPA, FL 33611

New Principal Place of Business:

Current Mailing Address:

3420 W TAMBAY AVE
TAMPA, FL 33611

New Mailing Address:

FEI Number: 27-2872767

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARCHIONE, JAIMON
3420 W TAMBAY AVE
TAMPA, FL 33611 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: FARCHIONE, JAIMON
Address: 3420 W TAMBAY AVE
City-St-Zip: TAMPA, FL 33611

Title: MGRM
Name: FARCHIONE, SAMUEL
Address: 2500 GROUSE LANE
City-St-Zip: ROLLING MEADOWS, IL 60008

Title: MGRM
Name: FARCHIONE, JARED
Address: 10215 HUNTERS HAVEN BLVD
City-St-Zip: RIVERVIEW, FL 33569

Title: MGRM
Name: RINCON, SHARI
Address: 4544 ATWOOD CAY CIRCLE
City-St-Zip: SARASOTA, FL 34233

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: JAIMON FARCHIONE

CFO

01/09/2012

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