

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000089529

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** MIAMI LAKES MEDICAL SOLUTIONS, LLC

**Current Principal Place of Business:**

8061 NW 155 STREET, SUITE 1  
MIAMI LAKES, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

3822 BROADWAY AVENUE  
SUITE A AND C  
CAPE CORAL, FL 33901 US

**New Mailing Address:**

**FEI Number:** 80-0638834      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

TOUHEY, KRISTEN J  
3822 BROADWAY AVENUE  
SUITE C  
FT. MYERS, FL 33901 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:** TOUHEY, KRISTEN J  
**Address:** 3822 BROADWAY AVENUE  
**City-St-Zip:** FT. MYERS, FL 33901

**Title:** MGRM  
**Name:** LINDGREN, TODD  
**Address:** 3822 BROADWAY AVENUE  
**City-St-Zip:** FT. MYERS, FL 33901

**Title:** MGRM  
**Name:** SEDA, FRANK JR  
**Address:** 3822 BROADWAY AVENUE  
**City-St-Zip:** FT. MYERS, FL 33901

**Title:** MGRM  
**Name:** HINK, JENNIFER A  
**Address:** 8061 NW 155 STREET  
**City-St-Zip:** MIAMI LAKES, FL 33016

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: KRISTEN J TOUHEY

MGMR

01/10/2012

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