

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000101375

FILED
Apr 09, 2012
Secretary of State

Entity Name: GLASSMAN MEDICAL REAL ESTATE, LLC

Current Principal Place of Business:

2801 S.W. COLLEGE ROAD, UNIT 18
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

PO BOX 5130
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-3410971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER, DEBRA
2801 S.W. COLLEGE ROAD, UNIT 18
OCALA, FL 34474 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: MGR
Name: GLASSMAN, SHARON
Address: 2801 S.W. COLLEGE ROAD, UNIT 18
City-St-Zip: Ocala, FL 34474

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: SHARON GLASSMAN

MGR

04/09/2012

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