

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000101597

Entity Name: LAFORTE MEDICINE LLC

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

6701 CONCH CT  
BOYNTON BEACH, FL 33437 US

## **New Principal Place of Business:**

2135 PLUNKETT CT  
HOLLYWOOD, FL 33020 US

## **Current Mailing Address:**

18 HIGHVIEW DR  
GARDEN LEVEL  
SEWICKLEY, PA 15143 US

## **New Mailing Address:**

FEI Number: 27-3494451      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LAFORTE, JANICE O  
6701 CONCH CT  
BOYNTON BEACH, FL 33437 US

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

EDWARDS, ASHLEY  
2135 PLUNKETT CT  
HOLLYWOOD, FL 33020 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: ASHLEY EDWARDS

04/30/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LAFORTE, ANNE R MD  
Address: 18 HIGHVIEW DRIVE  
City-St-Zip: SEWICKLEY, PA 15143 US

Title: MGRM  
Name: EDWARDS, ASHLEY  
Address: 2135 PLUNKETT CT  
City-St-Zip: HOLLYWOOD, FL 33020 US

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: ANNE R. LA FORTE

DR.

04/30/2012

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