

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000105361

**Entity Name:** MEDICAL HOME, PL

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5199 6TH STREET N  
ST. PETERSBURG, FL 33703

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7651  
ST. PETERSBURG, FL 337347651

**New Mailing Address:**

**FEI Number:** 27-3640754

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BERKSON, GARY M  
111 NORTH ORANGE AVENUE, STE. 1200  
ORLANDO, FL 32801 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: CLARK, FRED E III  
Address: 5199 6TH ST. N  
City-St-Zip: SAINT PETERSBURG, FL 33703 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: FRED E. CLARK III M.D.

MGR

02/13/2012

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