

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000107413

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

**Entity Name:** MICHAEL S. JOYNER M.D. PLLC

**Current Principal Place of Business:**

777 E. ATLANTIC AVENUE  
SUITE 194  
DELRAY BEACH, FL 33483 US

**New Principal Place of Business:**

**Current Mailing Address:**

777 E. ATLANTIC AVENUE  
SUITE 194  
DELRAY BEACH, FL 33483 US

**New Mailing Address:**

**FEI Number:** 27-3718948

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOYNER, MICHAEL S M.D.  
777 E. ATLANTIC AVENUE  
SUITE 194  
DELRAY BEACH, FL 33483 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:** JOYNER, MICHAEL S M.D.  
**Address:** 777 E. ATLANTIC AVE #194  
**City-St-Zip:** DELRAY BEACH, FL 33483 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:** MICHAEL S. JOYNER

**PRES**

**04/10/2012**

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