

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000117236

FILED
Feb 07, 2012
Secretary of State

Entity Name: SANTA MONICA CLINICS, LLC

Current Principal Place of Business:

2901 WEST SAINT ISABEL STREET
E
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

2901 WEST SAINT ISABEL STREET
E
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 27-4110650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRUCE, NICOLE
2901 WEST SAINT ISABEL STREET
E
TAMPA, FL 33607 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: MCCLAIN, RAND
Address: 2901 WEST SAINT ISABEL STREET, SUITE E
City-St-Zip: TAMPA, FL 33607 US

Title: MGRM
Name: BRUCE, NICOLE
Address: 2901 WEST SAINT ISABEL STREET, SUITE E
City-St-Zip: TAMPA, FL 33607 US

Title: FA
Name: THOMPSON, SARA
Address: 2901 WEST SAINT ISABEL ST SUITE E
City-St-Zip: TAMPA, FL 33607 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: SARA THOMPSON

FA

02/07/2012

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