

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000119510

**Entity Name:** JOSE A. PAGAN, M.D., L.L.C.

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3224 HARVEST MOON DRIVE  
PALM HARBOR, FL 34683 US

**New Principal Place of Business:**

**Current Mailing Address:**

3224 HARVEST MOON DRIVE  
PALM HARBOR, FL 34683 US

**New Mailing Address:**

**FEI Number:** 38-3826120

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PAGAN, JOSE A M.D.  
3224 HARVEST MOON DRIVE  
PALM HARBOR, FL 34683 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:** PAGAN, JOSE A MD  
**Address:** 3224 HARVEST MOON DRIVE  
**City-St-Zip:** PALM HARBOR, FL 34683 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: JOSE A. PAGAN

M.D.

04/04/2012

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