

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000123202

Entity Name: MCGREGOR MEDICAL, LLC

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

16731 MCGREGOR BLVD., SUITE 105  
FORT MYERS, FL 339083876

**New Principal Place of Business:**

16731 MCGREGOR BLVD.  
SUITE 105  
FORT MYERS, FL 339083876 US

**Current Mailing Address:**

12407 ARBOR VIEW DRIVE  
FORT MYERS, FL 33908

**New Mailing Address:**

16731 MCGREGOR BLVD.  
SUITE 105  
FORT MYERS, FL 339083876 US

FEI Number: 27-3990326

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FULK, BILL  
12407 ARBOR VIEW DRIVE  
FORT MYERS, FL 33908 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: FULK, TERRI  
Address: 16731 MCGREGOR BLVD., SUITE 105  
City-St-Zip: FORT MYERS, FL 339083876 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: TERRI FULK

MGR

01/05/2012

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