

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000127923

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

**Entity Name:** MONTEREY TRIANGLE ASC REAL ESTATE II, LLC

**Current Principal Place of Business:**

1050 S.E. MONTEREY ROAD, SUITE 400  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

1050 S.E. MONTEREY ROAD, SUITE 400  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 27-4270940

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITE, JOHN II, ESQ  
1645 PALM BEACH LAKES BOULEVARD, STE 1200  
WEST PALM BEACH, FL 33401 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:** CARLSON, WILLIAM MD  
**Address:** 1050 S.E. MONTEREY ROAD, SUITE 400  
**City-St-Zip:** STUART, FL 34994

**Title:** MGRM  
**Name:** DAUBERT, JACK MD  
**Address:** 1050 S.E. MONTEREY ROAD, SUITE 400  
**City-St-Zip:** STUART, FL 34994

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:** WILLIAM CARLSON, MD

MGRM

01/04/2012

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