

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000006166

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

**Entity Name:** GREGORY D. LEWEN MD, PLLC

**Current Principal Place of Business:**

20803 BISCAYNE BLVD., UNIT #110  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

20803 BISCAYNE BLVD., UNIT #110  
AVENTURA, FL 33180 US

**New Mailing Address:**

**FEI Number:** 27-4554510

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEWEN, GREGORY D  
320 1ST STREET N.  
#808  
JACKSONVILLE, FL 32250 US

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

LEWEN, GREGORY D  
20803 BISCAYNE BLVD.  
SUITE 110  
AVENTURA, FL 33180 US

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:** GREGORY D LEWEN

01/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** LEWEN, GREGORY D  
**Address:** 3250 NE 1ST AVE, #1011  
**City-St-Zip:** MIAMI, FL 33137 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:** GREGORY D. LEWEN

MGR

01/05/2012

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