# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 23, 2012**
**Secretary of State**

DOCUMENT# L11000007754

**Entity Name:** LAURENCE M. MATTHEWS, M.D., LLC

**Current Principal Place of Business:**

3100 HIGHWAY U.S. 1 SOUTH
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

3100 HIGHWAY U.S. 1 SOUTH
ST. AUGUSTINE, FL 32086

**New Mailing Address:**

**FEI Number: 27-4592541** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MATTHEWS, LAURENCE M M.D.
3100 HIGHWAY U.S. 1 SOUTH
ST. AUGUSTINE, FL 32086 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: MATTHEWS, LAURENCE M M.D.
Address: 3100 HIGHWAY U.S. 1 SOUTH
City-St-Zip: ST. AUGUSTINE, FL 32086

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 Statues.

SIGNATURE: LAURENCE M. MATTHEWS, M.D. MGRM 04/23/2012

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