

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000072497

FILED
Apr 12, 2012
Secretary of State

Entity Name: ESTEVEZ MEDICAL CONSULTANTS L.L.C.

Current Principal Place of Business:

4423 MAJESTIC BLUFF DRIVE SOUTH
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

4423 MAJESTIC BLUFF DRIVE SOUTH
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESTEVEZ, LESTER
4423 MAJESTIC BLUFF DRIVE SOUTH
JACKSONVILLE, FL 32225 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: P
Name: ESTEVEZ, LESTER
Address: 4423 MAJESTIC BLUFF DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP
Name: EMMANUELLI-ESTEVEZ, RUTH A
Address: 4423 MAJESTIC BLUFF DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32225

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: LESTER ESTEVEZ

PRES

04/12/2012

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