

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000072574

Entity Name: DOCTORS2YOU LLC

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

11936 IZARRA WAY #6607  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

6900 DANIELS PKWY  
SUITE 29-118  
FORT MYERS, FL 33912

**New Mailing Address:**

FEI Number: 45-2767799      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PAVLOU, DEMETRIOS ESQ.  
9858 CLINT MOORE ROAD  
SUITE C111236  
BOCA RATON, FL 33496 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: RAMAMURTHY, SUJATHA MD  
Address: 11936 IZARRA WAY UNIT#6607  
City-St-Zip: FORT MYERS, FL 33912 US

Title: MGRM  
Name: PAWELCZYK, KRIS EMT-P  
Address: 8660 WESLEYAN DRIVE, UNIT 413  
City-St-Zip: FORT MYERS, FL 33919 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: KRIS PAWELCZYK

MGRM

04/30/2012

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