

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000091695

**Entity Name:** WHITE SANDS MEDICAL LLC

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

**Current Principal Place of Business:**

1827 HARRISON AVE  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 817  
PANAMA CITY, FL 32402

**New Mailing Address:**

**FEI Number:** 45-2952298

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MADEWELL, MICHAEL  
1800 JENKS AVENUE  
PANAMA CITY, FL MICHAEL 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: MGR  
Name: GAISER, CORY R DO  
Address: 1827 HARRISON AVENUE  
City-St-Zip: PANAMA CITY, FL 32405

Title: MGR  
Name: AUSSEA HOLDINGS, LLC  
Address: 1800 JENKS AVENUE  
City-St-Zip: PANAMA CITY, FL 32405

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: CORY GAISER

MGRM

01/23/2012

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