

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000099966

FILED  
Jan 08, 2012  
Secretary of State

**Entity Name:** ROBERT D. LOVINGER, M.D. LLC

**Current Principal Place of Business:**

4907 MIDTOWN LANE  
#1110  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

5072 DULCE COURT  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

4907 MIDTOWN LANE  
#1110  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

5072 DULCE COURT  
PALM BEACH GARDENS, FL 33418

**FEI Number:** 45-3099366

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOVINGER, ROBERT D  
4907 MIDTOWN LANE  
#1110  
PALM BEACH GARDENS, FL 33418 US

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

LOVINGER, ROBERT D  
5072 DULCE COURT  
PALM BEACH GARDENS, FL 33418 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:

01/08/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGM  
Name: LOVINGER, ROBERT D  
Address: 5072 DULCE COURT  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM  
Name: LOVINGER, DEBRA A  
Address: 5072 DULCE COURT  
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: ROBERT LOVINGER

MGM

01/08/2012

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