

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000102016

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** OKEECHOBEE MEDICAL SPECIALISTS CONDOMINIUM ASSOCIATION, LLC

**Current Principal Place of Business:**

2025 HWY 441 NORTH  
C  
OKEECHOBEE, FL 34972

**New Principal Place of Business:**

**Current Mailing Address:**

113 NE 19TH DRIVE  
OKEECHOBEE, FL 34972

**New Mailing Address:**

2025 HWY 441 NORTH  
C  
OKEECHOBEE, FL 34972

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEMMER, DAVID F  
113 NE 19TH DRIVE  
OKEECHOBEE, FL 34972 US

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

WEMMER, DAVID F  
2025 HWY 441 NORTH  
C  
OKEECHOBEE, FL 34972 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: DAVID F. WEMMER

05/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WEMMER, DAVID F  
Address: 3525 N.W. 50TH DRIVE  
City-St-Zip: OKEECHOBEE, FL 34972

Title: MGRM  
Name: KINDELL, MELISSA D  
Address: 606 SW 14TH STREET  
City-St-Zip: OKEECHOBEE, FL 34974

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: DAVID F. WEMMER

DR.

05/01/2012

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