

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000103174

FILED
Jan 18, 2012
Secretary of State

Entity Name: KATHY WILSON ARNP, FAMILY NURSE PRACTITIONER AND ASSOCIATES LLC

Current Principal Place of Business:

322 RACETRACK ROAD NE
FORT WALTON BEACH, FL 32547 US

New Principal Place of Business:

Current Mailing Address:

149 SHORELINE DRIVE
MARY ESTHER, FL 32569 US

New Mailing Address:

FEI Number: 61-1656533 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WILSON, KATHY A
322 RACETRACK ROAD NE
FORT WALTON BEACH, FL 32547 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: BRUNETTE, DAVID C
Address: 149 SHORELINE DRIVE
City-St-Zip: MARY ESTHER, FL 32569 US

Title: MGRM
Name: WILSON, KATHY A
Address: 149 SHORELINE DRIVE
City-St-Zip: MARY ESTHER, FL 32569 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: DAVID BRUNETTE

MGRM

01/18/2012

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