

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000107941

**FILED**  
**Apr 07, 2012**  
**Secretary of State**

**Entity Name:** MEDICAL CITY/LAKE NONA BUSINESS ASSOCIATION LLC

**Current Principal Place of Business:**

73 NESTING LOOP  
SAINT CLOUD, FL 34769

**New Principal Place of Business:**

73 NESTING LOOP  
ST. CLOUD, FL 34769

**Current Mailing Address:**

73 NESTING LOOP  
SAINT CLOUD, FL 34769

**New Mailing Address:**

73 NESTING LOOP  
ST. CLOUD, FL 34769

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

BRANNON, JACK A  
73 NESTING LOOP  
ST. CLOUD, FL 34769 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: JACK A. BRANNON

04/07/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BRANNON, JACK A  
Address: 73 NESTING LOOP  
City-St-Zip: ST. CLOUD, FL 34769

Title: SEC  
Name: BRANNON, GWYNN D  
Address: 73 NESTING LOOP  
City-St-Zip: ST. CLOUD, FL 34769

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: JACK A BRANNON

MGR

04/07/2012

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