

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000133554

Entity Name: STILLPOINT CLINIC LLC

**FILED**  
**Jun 29, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8603 DIXIE HWY  
306  
PINECREST, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

8603 DIXIE HWY  
306  
PINECREST, FL 33143

**New Mailing Address:**

FEI Number: 45-3907542      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

TOMITA, JUDY  
8603 SOUTH DIXIE HWY  
306  
PINECREST, FL 33143 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: TOMITA, JUDY  
Address: 8603 SOUTH DIXIE HWY STE 306  
City-St-Zip: PINECREST, FL 33143

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: JUDY TOMITA

MGR

06/29/2012

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