

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000136265

**FILED**  
**Feb 06, 2012**  
**Secretary of State**

**Entity Name:** FORSYTH MEDICAL COMPLEX, LLC

**Current Principal Place of Business:**

319 CLEMATIS ST  
STE 1008  
W PALM BEACH, FL 33401 US

**New Principal Place of Business:**

**Current Mailing Address:**

319 CLEMATIS ST  
STE 1008  
W PALM BEACH, FL 33401 US

**New Mailing Address:**

PO BOX 3228  
W PALM BEACH, FL 33402 US

**FEI Number:** 45-4055386

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES FOSTER SERVICE, LLC  
505 S FLAGLER DR  
STE 1100  
W PALM BEACH, FL 33401 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:** CASH, DAVID F  
**Address:** 319 CLEMATIS ST - STE 1008  
**City-St-Zip:** W PALM BEACH, FL 33401 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 CASH

MGR

02/06/2012

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