2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2012
Secretary of State

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Entity Name: WAKULLA MEDICAL PLAZA LLC

Current Principal Place of Business:

2615 CRAWFORDVILLE HWY
SUITE 103
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

2615 CRAWFORDVILLE HWY
SUITE 103
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEEN, DAVID
2615 CRAWFORDVILLE HWY
SUITE 103
CRAWFORDVILLE, FL 32327 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: KEEN, DAVID
Address: 2615 CRAWFORDVILLE HWY, SUITE 103
City-St-Zip: CRAWFORDVILLE, FL 32327

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 Statues.

SIGNATURE: DAVID KEEN MGR 02/09/2012

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