

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L94000000094

FILED
Jan 05, 2012
Secretary of State

Entity Name: IMMOKALEE FAMILY DOCTOR'S CLINIC, LLC

Current Principal Place of Business:

1501 SIXTH AVENUE
SUITE B
IMMOKALEE, FL 34142

New Principal Place of Business:

Current Mailing Address:

1501 SIXTH AVENUE
SUITE B
IMMOKALEE, FL 34142

New Mailing Address:

FEI Number: 65-0469967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PUERTO, JUAN R DR.
1501 SIXTH AVENUE
SUITE B
IMMOKALEE, FL 34142 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: KEPPEL, ANDREA L
Address: 1501 SIXTH AVENUE
City-St-Zip: IMMOKALEE, FL 34142

Title: MGR
Name: PUERTO, JUAN R MD
Address: 1501 6TH AVENUE, SUITE B
City-St-Zip: IMMOKALEE, FL 34142

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: JUAN R. PUERTO

MD

01/05/2012

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