

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L94000000385

**FILED**  
**Jan 03, 2012**  
**Secretary of State**

**Entity Name:** WEST FLORIDA MEDICAL INVESTMENT COMPANY, L.C.

**Current Principal Place of Business:**

34156 US 19 N  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

**Current Mailing Address:**

34156 US 19 N  
PALM HARBOR, FL 34684

**New Mailing Address:**

**FEI Number:** 59-3255492

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARRELL, C. RANDALL M.D.  
34156 U.S. 19 NORTH  
PALM HARBOR, FL 34684 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:** HARRELL, RANDALL  
**Address:** 34156 US 19 N  
**City-St-Zip:** PALM HARBOR, FL 34684

**Title:** MGR  
**Name:** HARRELL, MARISSA A  
**Address:** 34156 US 19 N  
**City-St-Zip:** PALM HARBOR, FL 34684

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:** C. RANDALL HARRELL

MG

01/03/2012

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