

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000000373

Entity Name: CB MEDICAL SOUTH, LLC

**FILED**  
**Feb 22, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2780 CLEVELAND AVENUE  
MOC 459  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

2780 CLEVELAND AVENUE  
MOC 459  
FORT MYERS, FL 33901

**New Mailing Address:**

FEI Number: 26-0125506

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCGILLICUDDY, MARY A  
2780 CLEVELAND AVENUE  
MOC 459  
FORT MYERS, FL 33901 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: LEE MEMORIAL HEALTH SYSTEM  
Address: 2780 CLEVELAND AVENUE  
City-St-Zip: FORT MYERS, FL 33901

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: MARY A. MCGILLICUDDY

MS.

02/22/2012

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