

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000004419

Entity Name: HANA J. CLEMENTS, MD, LLC

**FILED**  
**Jan 14, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1500 LAKELAND HILLS BOULEVARD  
SUITE 1  
LAKELAND, FL 33805

**New Principal Place of Business:**

220 PARKVIEW PLACE  
LAKELAND, FL 33805

**Current Mailing Address:**

P.O. BOX 5746  
LAKELAND, FL 33807 US

**New Mailing Address:**

FEI Number: 02-0753404

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CLEMENTS, HANA J MD  
1500 LAKELAND HILLS BOULEVARD  
LAKELAND, FL 33805 US

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

CLEMENTS, HANA J MD  
220 PARKVIEW PLACE  
LAKELAND, FL 33805 US

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: HANA J CLEMENTS

01/14/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CLEMENTS, HANA J MD  
Address: 220 PARKVIEW PLACE  
City-St-Zip: LAKELAND, FL 33805

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: HANA J CLEMENTS

M.D.

01/14/2012

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