

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000025702

**Entity Name:** PLANT CITY GALEN LLC

**Current Principal Place of Business:**

12025 NORTHUMBERLAND DRIVE  
TAMPA, FL 33626

**Current Mailing Address:**

12025 NORTHUMBERLAND DRIVE  
TAMPA, FL 33626 US

**FEI Number:** 27-5271633

**Certificate of Status Desired:** No

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

MAGNUS FLAWS & CO., CPA'S, P.A.  
202 CRYSTAL GROVE BLVD  
LUTZ, FL 33548 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name O'BRIEN, MICHAEL  
Address 12025 NORTHUMBERLAND DR  
City-State-Zip: TAMPA FL 33626

Title MGRM  
Name ADDISON, JOYCE C  
Address 2703 W. MORRISON AVE.  
City-State-Zip: TAMPA FL 33626

Title MGRM  
Name LEITHISER, LORAIN C  
Address 1618 N US HWY 1  
City-State-Zip: SEBASTIAN FL 33958

Title MGRM  
Name O'BRIEN, THOMAS PDR.  
Address 103 RIDGEWOOD DR.  
City-State-Zip: BALTIMORE MD 21215

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL O'BRIEN

**MGRM**

**04/23/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date