

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000010350

FILED
Apr 21, 2009
Secretary of State

Entity Name: ADULT MEDICINE OF BROWARD AND PALM BEACH COUNTIES, PL

Current Principal Place of Business:

3467 W HILLSBORO BLVD
STE A
DEERFIELD BEACH, FL 33442

New Principal Place of Business:

Current Mailing Address:

3467 W HILLSBORO BLVD
STE A
DEERFIELD BEACH, FL 33442

New Mailing Address:

FEI Number: 20-0577484 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SILVERMAN, JOEL I D.O.
3467 W HILLSBORO BLVD
STE A
DEERFIELD BEACH, FL 33442 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 () Delete
Name: SILVERMAN, JOEL I D.O.
Address: 7562 NW 51ST PL
City-St-Zip: CORAL SPRINGS, FL 33067 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JOEL I SILVERMAN MGR 04/21/2009

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