

**2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Apr 02, 2010  
Secretary of State**

DOCUMENT# L06000079185

Entity Name: DAVID JURKOVICH M.D., PLLC

**Current Principal Place of Business:**

2301 N. UNIVERSITY DR.  
SUITE 204  
PEMBROKE PINES, FL 33024 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 14816  
FORT LAUDERDALE, FL 33302 US

**New Mailing Address:**

FEI Number: 20-5302898      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

JURKOVICH, DAVID M.D.  
2301 N UNIVERSITY DR  
SUITE 204  
PEMBROKE PINES, FL 33024 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: MGRM  
Name: JURKOVICH, DAVID M.D.  
Address: 2301 N UNIVERSITY DR SUITE 204  
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: MGR  
Name: CABALLERO, BELINDA  
Address: 2301 N UNIVERSITY DRIVE SUITE 204  
City-St-Zip: PEMBROKE PINES, FL 33025 US

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: BELINDA CABALLERO

MGR

04/02/2010

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