

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000079185

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**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

02/16/2011

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