

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101639

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: THE FROST GROUP, LLC

**Current Principal Place of Business:**

4400 BISCAYNE BOULEVARD  
15TH FLOOR  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

4400 BISCAYNE BOULEVARD  
15TH FLOOR  
MIAMI, FL 33137

**New Mailing Address:**

FEI Number: 20-5811653      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPDIRECT AGENTS, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301      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: P ( ) Delete  
Name: FROST, PHILLIP MD  
Address: 4400 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33137

Title: VP ( ) Delete  
Name: HSIAO, JANE  
Address: 4400 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33137

Title: VP ( ) Delete  
Name: UPPALURI, SUBBARAO  
Address: 4400 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33137

Title: VPS ( ) Delete  
Name: RUBIN, STEVEN  
Address: 4400 BISCAYNE BLVD  
City-St-Zip: MIAMI, FL 33137

**ADDITIONS/CHANGES:**

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

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

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

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: PHILLIP FROST, M.D.

P

04/24/2009

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