

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000103469

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** RX: DOCTOR! DOCTOR!, LLC

**Current Principal Place of Business:**

4601 N BAY RD  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

4601 N BAY RD  
MIAMI BEACH, FL 33140

**New Mailing Address:**

**FEI Number:** 26-4215822

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAMONT NEIMAN INTERIAN & BELLET, P.A.  
NEW WORLD TOWER SUITE 801  
100 N. BISCAYNE BLVD.  
MIAMI, FL 33132 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  
Name: PINNAR, NAT M.D.  
Address: 4601 N BAY RD  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR  
Name: REIK, RITA A MD  
Address: 4601 N BAY RD  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR  
Name: LATERNER, RUTH  
Address: 4601 N BAY RD  
City-St-Zip: MIAMI, FL 33140

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: NAT PINNAR

MGR

01/05/2011

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