

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000023041

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** ANTHONY SOLAGES AND INFECTIOUS DISEASE ASSOCIATES, LLC.

**Current Principal Place of Business:**

12600 PEMBROKE ROAD  
SUITE 100  
MIRAMAR, FL 33027 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 292523  
DAVIE, FL 33329 US

**New Mailing Address:**

FEI Number: 26-4216161

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SOLAGES, ANTHONY  
12600 PEMBROKE ROAD  
SUITE 100  
MIRAMAR, FL 33027 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: SOLAGES, ANTHONY  
Address: PO BOX 292523  
City-St-Zip: DAVIE, FL 33329 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: ANTHONY SOLAGES

PRES

04/29/2010

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