

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000023041

**FILED**  
**Apr 14, 2011**  
**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:**

2400 N UNIVERSITY DRIVE  
SUITE 215  
PEMBROKE PINES, FL 33024 US

**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 (X)

**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:**

SOLAGES, ANTHONY  
2400 N UNIVERSITY DRIVE  
SUITE 215  
PEMBROKE PINES, FL 33024 US

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

04/14/2011

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

MGR

04/14/2011

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