

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000126149

FILED  
Mar 02, 2011  
Secretary of State

**Entity Name:** BADIA HAND TO SHOULDER, LLC

**Current Principal Place of Business:**

ALEJANDRO BADIA, M.D.  
1278 S. VENETIAN WAY  
MIAMI, FL 33139

**New Principal Place of Business:**

ALEJANDRO BADIA, M.D.  
3650 NW 82ND AVE.  
DORAL, FL 33166

**Current Mailing Address:**

ALEJANDRO BADIA, M.D.  
1278 S. VENETIAN WAY  
MIAMI, FL 33139

**New Mailing Address:**

ALEJANDRO BADIA, M.D.  
3650 NW 82ND AVE.  
DORAL, FL 33166

**FEI Number:** 26-1642118

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHAIRES & HAMMOND, P.L.  
283 CRANES ROOST BLVD.  
ALTAMONTE SPRINGS, FL 32701 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: BADIA, ALEJANDRO M.D.  
Address: 1278 S. VENETIAN WAY  
City-St-Zip: MIAMI, FL 33139

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: ALEJANDRO BADIA

MGRM

03/02/2011

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