

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002130

FILED
Jan 06, 2012
Secretary of State

Entity Name: SOUTH FLORIDA INFECTIOUS DISEASE AND TROPICAL MEDICINE CENTER, LLC

Current Principal Place of Business:

8740 N. KENDALL DRIVE, SUITE 208
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

8740 N. KENDALL DRIVE, SUITE 208
MIAMI, FL 33176

New Mailing Address:

FEI Number: 20-2364772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE ELIAS LAW FIRM, PLLC
15500 NEW BARN ROAD
SUITE 104
MIAMI LAKES, FL 33014 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: PRES
Name: MURILLO, JORGE MD
Address: 8740 N. KENDALL DRIVE, SUITE 208
City-St-Zip: MIAMI, FL 33176

Title: EVP
Name: MEJIA, JORGE MD
Address: 8740 N. KENDALL DRIVE, SUITE 208
City-St-Zip: MIAMI, FL 33176

Title: TRE
Name: MEJIA, JORGE MD
Address: 8740 N. KENDALL DRIVE, SUITE 208
City-St-Zip: MIAMI, FL 33176

Title: SEC
Name: TORRES-VIERA, CARLOS MD
Address: 8740 N. KENDALL DRIVE, SUITE 208
City-St-Zip: MIAMI, FL 33176

Title: MGR
Name: MEJIA, JORGE MD
Address: 8740 N. KENDALL DRIVE, SUITE 208
City-St-Zip: MIAMI, FL 33176

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: JORGE MEJIA, M.D.

MGR

01/06/2012

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