

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000031856

**FILED**  
**Mar 05, 2013**  
**Secretary of State**  
**CC5416736830**

**Entity Name:** MEDARTS IN THE SPRINGS, LLC

**Current Principal Place of Business:**

2901 CORAL HILLS DRIVE  
SUITE 200  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

C/O SYNDICON PROPERTIES, INC  
2901 CORAL HILLS DRIVE, #200  
CORAL SPRINGS, FL 33065

**FEI Number:** 48-1299993

**Certificate of Status Desired:** No

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

CROSS, TIMOTHY D  
C/O MEDARTS IN THE SPRINGS, LLC  
2901 CORAL HILLS DRIVE, STE. 200  
CORAL SPRINGS, FL 33065 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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name KOHAN, M.D., MELVIN SMGRM  
Address 2901 CORAL HILLS DRIVE, SUITE 220  
City-State-Zip: CORAL SPRINGS FL 33065

Title MGRM  
Name BITMAN, STEWART MD  
Address 3001 CORAL HILLS DRIVE, SUITE 250  
City-State-Zip: CORAL SPRINGS FL 33065

Title MGRM  
Name ZARAGOZA, BERNARD MD  
Address 3001 CORAL HILLS DRIVE, SUITE 320  
City-State-Zip: CORAL SPRINGS FL 33065

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEWART BITMAN MD

**MANAGER**

**03/05/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date