

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000064907

**Entity Name:** SRA/TAMARAC MEDICAL PLAZA, LLC

**Current Principal Place of Business:**

C/O WHITE & CASE LLP  
200 SOUTH BISCAYNE BOULEVARD, SUITE 4900  
MIAMI, FL 33131

**Current Mailing Address:**

C/O SAVITAR INC  
5345 PINE TREE DRIVE  
MIAMI BEACH, FL 33140

**FEI Number:** 20-3057569

**Certificate of Status Desired:** No

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

GRAGG, K. LAWRENCE  
C/O WHITE & CASE LLP  
200 SOUTH BISCAYNE BOULEVARD, SUITE 4900  
MIAMI, FL 33131 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	P	Title	V
Name	STEIN, CLIFFORD	Name	GOLDEN, JOANNA
Address	5345 PINE TREE DRIVE	Address	5345 PINE TREE DRIVE
City-State-Zip:	MIAMI BEACH FL 33140	City-State-Zip:	MIAMI BEACH FL 33140

*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:** CLIFFORD STEIN

P

04/15/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date