

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000067997

Entity Name: CORAL GABLES PHYSICIAN SERVICES, L.L.C.

FILED
Feb 13, 2013
Secretary of State
CC1562025180

Current Principal Place of Business:

1445 ROSS AVE
STE 1400
DALLAS, TX 75202

Current Mailing Address:

1445 ROSS AVE
STE 1400
DALLAS, TX 75202 US

FEI Number: 26-0513226

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	Title	MGR
Name	LTD., CGH HOSPITAL,	Name	HOSPITAL, INC., CORAL GABLES
Address	1445 ROSS AVE	Address	1445 ROSS AVE
City-State-Zip:	DALLAS TX 75202	City-State-Zip:	DALLAS TX 75202
Title	MGRM		
Name	DIR OF, KRISTINA MACK		
Address	1445 ROSS AVE		
City-State-Zip:	DALLAS TX 75202		

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: KRISTINA MACK DIR OF

MGRM

02/13/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date