

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000103469

**Entity Name:** RX: DOCTOR! DOCTOR!, LLC

**Current Principal Place of Business:**

4601 N BAY RD  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

4601 N BAY RD  
MIAMI BEACH, FL 33140

**FEI Number:** 26-4215822

**Certificate of Status Desired:** No

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

LAMONT NEIMAN INTERIAN & BELLET, P.A.  
NEW WORLD TOWER SUITE 801  
100 N. BISCAYNE BLVD.  
MIAMI, FL 33132 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	MGR	Title	MGR
Name	PINNAR, NAT M.D.	Name	LATTERNER, RUTH
Address	4601 N BAY RD	Address	4601 N BAY RD
City-State-Zip:	MIAMI BEACH FL 33140	City-State-Zip:	MIAMI 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NAT PINNAR

**PARTNER**

**03/10/2014**

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

\_\_\_\_\_  
Date