

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000089305

Entity Name: SOUTH FLORIDA MEDICAL SPECIALISTS, LLC

Current Principal Place of Business:

2101 VISTA PARKWAY
SUITE 125
WEST PALM BEACH, FL 33467

Current Mailing Address:

2101 VISTA PARKWAY
SUITE 125
WEST PALM BEACH, FL 33411 US

FEI Number: 46-3018997

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, WILLIAM A
2101 VISTA PARKWAY
SUITE 125
WEST PALM BEACH, FL 33411 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 MGRN
Name PALM BEACH ATLANTIC FINANCIAL
GROUP, LLC
Address 2101 VISTA PARKWAY, SUITE 120
SUITE 125
City-State-Zip: WEST PALM BEACH FL 33411

Title MGRM
Name SHORR, JAY A
Address 7777 N. UNIVERSITY DRIVE, SUITE
201
City-State-Zip: TAMARAC FL 33321

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: WILLIAM SMITH

MGRM

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date