

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000089305

**Entity Name:** SOUTH FLORIDA MEDICAL SPECIALISTS, LLC

**Current Principal Place of Business:**

7777 N. UNIVERSITY DR  
SUITE 201  
TAMARAC, FL 33321

**Current Mailing Address:**

7777 N. UNIVERSITY DR  
SUITE 201  
TAMARAC, FL 33321 US

**FEI Number:** 46-3018997

**Certificate of Status Desired:** Yes

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

SHORR, JAY A MANAGING MEMBER  
7777 N. UNIVERSITY DR  
SUITE 201  
TAMARAC, FL 33321 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:** JAY A. SHORR

02/06/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

Title MANAGING MEMBER  
Name PIERINI, ALBERTO  
Address 7777 N. UNIVERSITY DR  
SUITE 201  
City-State-Zip: TAMARAC FL 33321

Title MANAGING MEMBER  
Name PIERINI, ANGEL  
Address 7777 N. UNIVERSITY DR  
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:** JAY A. SHORR

MANAGING MEMBER

02/06/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date